

IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

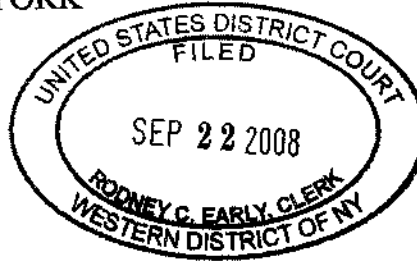
YVETTE BOYKIN,

Plaintiff,

vs.

**KEYCORP AND ITS SUBSIDIARY,
KEY BANK NATIONAL ASSOCIATION, d/b/a
KEYBANK**

Defendants.



Civil Action No.
03-CV-0944S(Sr)

PLAINTIFF'S OBJECTIONS AND RESPONSES TO DEFENDANTS'
FIRST REQUEST FOR PRODUCTION OF DOCUMENTS

Plaintiff, Yvette Boykin, hereby objects and responds to Defendant KeyBank's
First Request For Production of Documents (the "Requests") as follows:

GENERAL OBJECTIONS

Plaintiff objects to the Requests to the extent that:

- (1) The Requests seek information not relevant to the issues raised in this action and are not reasonably calculated to lead to the discovery of admissible evidence;
- (2) The Requests seek information protected by the attorney-client privilege, the work product rule or any other protection or privilege recognized by law;
- (3) The Requests are overly broad or unduly burdensome and a full and

complete response to the Requests would subject Plaintiff to undue burden and expense;

- (4) The Requests seek to impose burdens beyond those contemplated by Federal Rules of Civil Procedure 26 or 33;
- (5) The Requests seek information or documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents;
- (6) The Requests seek information or document not within Plaintiff's custody, control, or possession;
- (7) The Requests seek documents containing confidential or personally sensitive information;
- (8) The Requests are too vague and ambiguous to allow Plaintiff to formulate a full and complete response; and
- (9) Plaintiff's response to each Request is based on information and documents currently available and obtained after a reasonable diligent search. Plaintiff reserves the right to supplement its response to the Requests as additional information and documents come to light in the course of discovery and preparation for trial.

OBJECTIONS AND RESPONSES TO SPECIFIC REQUESTS

REQUEST NO. 1:

All documents, electronically stored information, or tangible things referred to or which relate in any way to Plaintiff's claims and/or the allegations in the Complaint.

RESPONSE

Plaintiff objects to Request No. 1 on the grounds that it is overly broad, unduly burdensome and expensive, seeks documents that are protected from disclosure by the attorney-client privilege, the work product doctrine or other applicable privilege or doctrine, seeks confidential and personally sensitive information, and documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents. Without waiver of her objection, Plaintiff has produced documents (some redacted) herewith relative to this Request listed in the Affirmation of Attachments as Exhibit Nos. 1-8.

REQUEST NO. 2:

All documents, electronically stored information, or tangible things referred to in or which relate in any way to Plaintiff's responses to Defendant KeyBank's First Set of Requests.

RESPONSE

Plaintiff objects to Request No. 2 on the grounds that it is overly broad, unduly burdensome and expensive, seeks documents that are protected from disclosure by the attorney-client privilege, the work product doctrine or other applicable privilege or doctrine, seeks confidential and personally sensitive information, and information or documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents. Without waiver of her objections, Plaintiff has produced documents (some redacted), herewith relative to this Request listed in the Affirmation of Attachments as Exhibit Nos. 1-8.

REQUEST NO. 3:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, Plaintiff's computation of damages contained in Plaintiff's Initial Disclosures, dated August 6, 2008, including, but not limited to, all receipts, bills, loan applications, loan term descriptions, and/or all correspondence regarding loans.

RESPONSE

Plaintiff object to Request No. 3 on that ground that it request documents the disclosure of which would violate attorney-client privilege, the work product doctrine or other applicable privilege or doctrine, and seeks confidential and personally sensitive information. Without waiver of her objections, Plaintiff has produced copies of documents herewith relative to this Request, some of which have been redacted because of privacy matters. These documents are listed in the Affirmation of Attachments as Exhibit Nos. 1-3.

REQUEST NO. 4:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the allegations in Plaintiff's Initial Disclosures, dated August 6, 2008, that Plaintiff suffered emotional distress as a result the conduct alleged in the Complaint.

RESPONSE

Plaintiff object to Request No. 4 on that ground that it request documents the disclosure of which would violate attorney-client privilege, the work product doctrine or other applicable privilege or doctrine, and seeks confidential and personally sensitive

information. Plaintiff has produced copies of documents herewith relative to this Request, some of which have been redacted because of privacy matters. These documents are listed in the Affirmation of Attachments as Exhibit Nos. 1-3.

REQUEST NO. 5:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, any application by Plaintiff with any bank, institution, company, or lender, other than KeyBank, for any loan during the period from January 1, 2000 to December 31, 2002, including, but not limited to, all applications, correspondence and/or notes.

RESPONSE:

Plaintiff objects to Request No. 1 on the grounds that it is overly broad to the extent that it requests "any" application, seeks documents that are protected from disclosure by the attorney-client privilege, the work product doctrine or other applicable privilege or doctrine, seeks confidential and personally sensitive information, and documents not relevant to the issues raised in this action. Plaintiff has produced copies of documents herewith relative to this Request, some of which have been redacted because of privacy matters. These documents are listed in the Affirmation of Attachments as Exhibit Nos. 1-3.

INTERROGATORY NO. 6:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, any application(s) by Plaintiff with KeyBank for any loan during the period from January 1, 2000 to December 31, 2002, including, but not limited

to, all applications, correspondence and/or notes

RESPONSE

Plaintiff objects to Request No. 6 on the grounds that it is unduly burdensome and expensive as it seeks information or documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents. Plaintiff has produced documents (some redacted) herewith relative to this Request listed in the Affirmation of Attachments as Exhibit Nos. 5-8.

REQUEST NO. 7:

All documents, electronically stored information, or tangible things in Plaintiff's possession concerning, or which relate in any way to, any application(s) by any individual, other than Plaintiff, with KeyBank for any loan, including, but not limited to, all applications, correspondence, notes, summaries, charts and/or graphs.

RESPONSE

Plaintiff is unaware of any such individual referred to in this Request.

(NOTE: REQUESTS PROVIDED PLAINTIFF SKIP FROM NO. 7 TO NO. 10)

REQUEST NO. 10:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, any communication(s) which Plaintiff has had with any person which refer or in any way relate to: (a) the fact that Plaintiff is suing KeyBank; or (b) Plaintiff's claim or belief that KeyBank has engaged in any unlawful conduct.

RESPONSE

Plaintiff objects to Request No. 10 on the grounds that it is overly broad, unduly

burdensome, seeks information not relevant to the issues raised in this action, not reasonably calculated to lead to the discovery of admissible evidence, seeks information protected by attorney-client privilege, other applicable privilege or doctrine recognized by law and confidential information related to individuals who are not parties to this lawsuit or who have given their permission to release such information. Defendant already has information or documents in its custody, control, or possession regarding this lawsuit and Plaintiff's administrative claims of discrimination against KeyBank.

REQUEST NO. 11:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the allegation contained in paragraph 9 of the Complaint that "Plaintiff-Applicant met all financial and credit requirements of Defendant Key and was in all respects qualified to receive a real estate transaction."

RESPONSE

Plaintiff objects to providing a response to Request No. 11 at this time as she intends to rely on information that may become available or apparent during the course of discovery in this case. Subject to and without waiver of her objections, Plaintiff has produced copies of documents herewith relative to this Request, which are listed in the Affirmation of Attachments as Exhibit Nos. 4 and 5.

REQUEST NO. 12:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the allegations contained in paragraph 10 of the Complaint the "Plaintiff-Applicant was treated differently from similarly situated loan applicants

not in the protected classes, despite her qualifications for the loan because of her race, sex and the location of the property in a predominantly African American neighborhood” and/or “persons who were not members of the protected classes received loans and were more favorably treated in the loan application process than Plaintiff-Applicant with regard to the same or similar types of properties owned by Plaintiff-Applicant.”

RESPONSE

Plaintiff objects to providing a response to Request No. 12 at his time as she intends to rely on information that may become available or apparent during the course of discovery in this case. Subject to and without waiver of her objections, Plaintiff has produced copies of documents herewith relative to this Request, which are listed in the Affirmation of Attachments as Exhibit Nos. 6-8.

REQUEST NO. 13:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the allegations contained in paragraph 13 of the Complaint that “Defendant Key’s ‘lending Policy Guidelines’...was not uniformly applied.

RESPONSE

Plaintiff objects to providing a response to Request No. 13 at his time as she intends to rely on information that may become available or apparent during the course of discovery in this case. Subject to and without waiver of her objections, Plaintiff has produced copies of documents herewith relative to this Request, which are listed in the Affirmation of Attachments as Exhibit Nos. 6-7.

REQUEST NO. 14:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the allegations contained in paragraph 13 of the Complaint that "Defendant Key utilizes a formula, criterion, rationale, standard of acceptance or business policy of reviewing loan application, which ... disproportionately denies loan applications for protected individuals and for the types of protected residential areas in which her property is located."

RESPONSE

Plaintiff objects to providing a response to Request No. 14 at this time as she intends to rely on information that may become available or apparent during the course of discovery in this case. Subject to and without waiver of her objections, Plaintiff has produced copies of documents herewith relative to this Request, which are listed in the Affirmation of Attachments as Exhibit Nos. 4, 6-7.

REQUEST NO. 15:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, Plaintiff's housing discrimination complaint with the United States Department of Housing and Urban Development concerning KeyBank.

RESPONSE

Plaintiff objects to Request No. 15 on the grounds that it is overly broad, unduly burdensome and expensive, seeks information protected by attorney-client privilege, other applicable privilege or doctrine recognized by law, seeks confidential information related to individuals who are not parties to this lawsuit, and seeks information or

documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents.

REQUEST NO. 16:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the New York State Division of Human Rights' investigation of Plaintiff's housing discrimination complaint with the United States Department of Housing and Urban Development concerning KeyBank.

RESPONSE

Plaintiff objects to Request No. 16 on the grounds that it is overly broad, unduly burdensome, seeks information protected by attorney-client privilege, other applicable privilege or doctrine recognized by law, seeks confidential information related to individuals who are not parties to this lawsuit, and seeks information or documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents.

REQUEST NO. 17:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, any complaint filed by Plaintiff with the United States Department of Housing and Urban Development concerning any individual, company, agency, institution, bank and/or lender.

RESPONSE

Plaintiff objects to Request No. 17 on the grounds that it is overly broad, unduly burdensome and expensive, seeks information protected by attorney-client privilege,

other applicable privilege or doctrine recognized by law, seeks confidential information related to individuals who are not parties to this lawsuit, and seeks information or documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents. Without waiver of her objections, Plaintiff has provided Defendants with information in her response to Interrogatory No. 6 of Defendants' First Set of Interrogatories relative to this Request, which can be equally accessed by Defendants.

REQUEST NO. 18:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the calculation or computation of any damages, including, but not limited to, any alleged compensatory damages, emotional distress, and/or pain and suffering, which Plaintiff claims to have suffered as a result of KeyBank's alleged conduct as described in the Complaint.

RESPONSE

Plaintiff objects to Request No. 1 on the grounds that it is overly broad, unduly burdensome and expensive, seeks documents that are protected from disclosure by the attorney-client privilege, the work product doctrine or other applicable privilege or doctrine, seeks confidential and personally sensitive information, and documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents. Without waiver of her objection, Plaintiff has produced documents (some redacted) herewith relative to this Request listed in the Affirmation of Attachments as Exhibit Nos. 1-3.

REQUEST NO. 19:

All documents, electronically stored information, or tangible things prepared by or for any expert who may be called as a witness at trial, or by any consulting expert witness whose opinion or impressions have been reviewed by a testifying expert, concerning, the subject matter on which the expert witness is expected to testify, including the mental impressions and opinions held by such expert.

RESPONSE

Plaintiff has not retained any expert witness or any consulting expert witness at this time but may do so at a later date.

REQUEST NO. 20:

All documents, electronically stored information, or tangible things concerning, or which relate in any way to, communications between Plaintiff and any experts who may be called as a witness at trial or by any consulting expert witness whose opinion or impressions have been reviewed by a testifying expert, concerning, the subject matter or the expert work in connection therewith.

RESPONSE

Plaintiff has not had any communications with or retained any expert witness or consulting expert witness at this time but may do so at a later date.

REQUEST NO. 21:

All documents, electronically stored information, or tangible things concerning, or which relate to, any other lawsuits filed by Plaintiff, or filed by others on Plaintiff's behalf, or any complaints, charges or grievances made by Plaintiff, or made by others on

Plaintiff's behalf, against any person, company, agency, institution, bank, and/or lender, including but not limited to, copies of any deposition or transcript in which Plaintiff testified under oath in any prior lawsuit, administrative proceeding, arbitration or hearing and all pleading in any prior lawsuit where Plaintiff was named as a party.

RESPONSE

Plaintiff objects to Request No. 21 on the grounds that it is overly broad, unduly burdensome and expensive, seeks documents that are protected from disclosure by the attorney-client privilege, the work product doctrine or other applicable privilege or doctrine, seeks confidential and personally sensitive information, and documents already in the custody, control, or possession of Defendants or previously provided to Defendants or their agents. Without waiver of her objection, Plaintiff has provided Defendants with information in her response to Interrogatory No. 6 of Defendants' First Set of Interrogatories relative to this Request, which can be equally accessed by Defendants.

REQUEST NO. 22:


All documents, electronically stored information, or tangible things concerning, or which relate in any way to, the costs and/or expenses which Plaintiff has incurred in filing or prosecuting this case, including, but not limited to, filing and service of process fees, retainers, attorneys' fees, expert fees, costs of travel, and other related litigation or trial expenses.

RESPONSE

Plaintiff has produced available documents herewith relative to this Request listed in the Affirmation of Attachments as Exhibit Nos. 2-3 and reserves the right to

supplement her response as additional documents become available.

DATED: September 19, 2008

By: 
Yvette Boykin
Plaintiff *Pro Se*
4045 Rockey Valley Drive
Conley, Georgia
(404) 244-1742

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

YVETTE BOYKIN,

**AFFIRMATION OF
ATTACHMENTS**

Plaintiff,

vs.

CIVIL ACTION
FILE NO: 03 CV 0944(Sr)

KEYCORP AND ITS SUBSIDIARY,
KEY BANK NATIONAL ASSOCIATION,
d/b/a KEY BANK

Defendants.

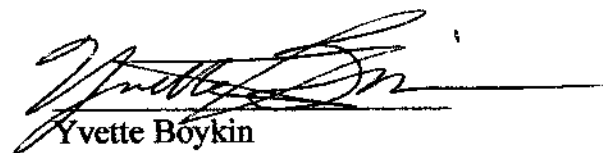
Plaintiff Yvette Boykin, affirms that the following is true and correct:

1. I am the Plaintiff in the above styled action.
2. This Affirmation is submitted in support of the Attachment listing exhibits that reference documents which relate to Plaintiff's Response to Defendants First Request For Production of Documents.
3. I affirm that the attached documents are true and correct copies of original documents in my possession or copies of documents obtained from the administrative file of the New York State Division of Human Rights, Case No. 7 H-RS-01-7904331-H that I received pursuant to my request of February 13, 2002.

ATTACHMENTS

- Exhibit No. 1: Loan application documents for loan Plaintiff was granted after loan denial by KeyBank, Hand-numbered P0001 to P0044.
- Exhibit No. 2: Documents showing Plaintiff's expenses related to this lawsuit and damages listed in Plaintiff Initial Disclosures, dated August 6, 2008, hand-numbered P0045 to P0066.
- Exhibit No. 3: Additional documents related to Plaintiff's Initial Disclosures, dated August 6, 2008 and Plaintiff's other claims of damages, hand-numbered P0067 to P0110.
- Exhibit No. 4: U.S. Department of Housing and Urban Development, Final Investigative Report, Case No. 02-01-0646-8, dated December 3, 2001, Hand-numbered P0111 to P0113.
- Exhibit No. 5: KeyBank's Good Faith Estimate to Plaintiff, dated August 1, 2001, Hand-numbered P0114.
- Exhibit No. 6: KeyBank letter to New York Division of Human Rights concerning Case No. 7-H-RS-01-790433-H, dated October 2, 2001, Hand-numbered P0115 to P011.
- Exhibit No. 7: KeyBank High Loan to Value Equity Loans and Out of Area Loans policy, Hand-numbered P0118 to P0119.
- Exhibit No. 8: Table of KeyBank, Applications for Non-Owner Occupied Home Improvement Loan, January 1, 2001-October 1, 2001, Hand-numbered P0120.

DATED: September 19, 2008


Yvette Boykin
Plaintiff *Pro Se*
4045 Rockey Valley Drive
Conley, Georgia
(404) 244-1742



AMERICAN EQUITY SERVICES, INC.

New York State Banking Department
Registered Mortgage Broker

(716) 626-0083 phone (716) 362-3113 fax

2 August 2001

Ms. Yvette Boykin
4045 Rockey Valley Road
Conley, GA 30288

Dear Ms. Boykin:

Thank you for choosing American Equity Service, Inc. for your current financing needs.

We have reviewed your credit, income and subject property value and are pleased to advise that you have been pre-qualified for the following mortgage financing:

Loan Type: HELOC Home Improvement Line of Credit

Line Amount: \$25,000

Interest Rate: Prime minus (-) .25 [currently = 6.5% for 1st six months]
Prime plus (+) 1.25 [currently = 8.0% thereafter]

Term: Revolving for 10 years
Converted to amortized 20 year loan thereafter

Total Closing Costs: \$1,500 (includes our fee and can be taken from the loan proceeds)

Thank you again for your kind consideration; I look forward to arranging a convenient time to complete your application and arrange the closing which is expected to be approximately three weeks from your formal application.

At your service,



Bernice J. Kelley
Sr. Mortgage Consultant
American Equity Service Inc.

EXHIBIT NO.1

PRE-APPLICATION DISCLOSURE AND FEE AGREEMENT
FOR USE BY NEW YORK REGISTERED MORTGAGE BROKERS

AMERICAN EQUITY SERVICES, INC.
338 HARRIS HILL RD., SUITE 206
WILLIAMSVILLE, NY 14221
(716) 626-0083
FAX: (716) 626-0499

Registered Mortgage Broker
NYS Banking Department
Loans Arranged with 3rd Party Lenders

In the following disclosure, I=applicant; you=mortgage broker.

You have advised me that you are authorized and prepared to assist me in securing financing. I understand that your services may include, but are not limited to the following:

- Counseling on available mortgage products;
- Counseling on general mortgage qualification procedures and requirements;
- Counseling on my financial capabilities;
- Assistance in obtaining information required to complete the mortgage application.
- Assistance in processing the loan application, and in meeting conditions of the loan commitment, such as obtaining any information required by the lender for loan approval.

I hereby agree to engage you for the purpose of advising me about financing and to provide the services described above. This agreement will continue until the earlier of the declination of my loan request(s), the closing of my loan or my termination of your services.

I acknowledge that prior to paying any fees or completing any application(s), I was advised of the following:

- Your services are advisory and administrative in nature;
- You are not authorized to make mortgage loans or commitments;
- You cannot guarantee acceptance into any particular loan program or specific loan terms or conditions;
- You may be eligible to receive a lender-paid bonus (cash or non-cash) if my loan is placed with a particular lender, and you will notify me if this occurs.

BROKER FEE:

I understand that, as compensation for your services, you will be paid as checked below:

☒ The lender will pay you a fee of _____ % of the loan amount or \$ 500.00. The compensation you will receive from the lender for your services is included in the rate, points, fees and terms of the loan as quoted by the lender in its commitment. The maximum points paid, including premium pricing payable by the lender to you, shall not exceed three points.

_____ The fee the lender will pay you is not known at this time but will be disclosed to me at the time of lock-in or when the rate is set. The maximum points paid, including premium pricing payable by the lender to you, shall not exceed three points.

☒ I will pay you, from the loan proceeds, a fee of _____ % of the loan amount or \$ 1,000.00.
I authorize the lender's attorney to collect this fee from me at closing.

_____ I will pay you, directly, upon my signed acceptance of a commitment _____ or at closing _____, a fee of _____ % of the loan amount or \$ _____.

APPLICANT'S INITIALS AB DATE _____
APPLICANT'S INITIALS _____ DATE _____

P0002

MORTGAGE BROKER FEE ACKNOWLEDGEMENT:

I acknowledge that this mortgage broker fee will be paid to you. I further acknowledge that there is no other mortgage broker fee agreement between us.

I understand that I am required to pay the following fees at application:

- Application fee \$ 395.00 - 0 -
- Property appraisal fee* \$ 450.00 - 0 -
- Credit report fee* \$ _____

*The property appraisal fee and the credit report fee are estimates of the actual cost of the services. Should the actual costs exceed the estimate, I understand that I will be billed and will pay the shortfall at or prior to closing.

- The application fee is refundable if: the application fee is not refundable.
- The credit report and appraisal fees are non-refundable except that amounts collected in excess of the actual cost will be refunded. If the credit report and appraisal have not been done, the fees will be refunded in full.

PROCESSING FEE:

Processing Fee \$ N/A


PREPAYMENT PENALTIES:

I understand that certain mortgage products impose a prepayment penalty on the borrower. You will disclose the amount of, or the formula for calculating, the prepayment penalty, and the terms of the prepayment penalty, if any, as soon as you know them.

APPLICATION QUESTIONS:

I understand that I may address questions or comments about my application to Bruce Kiernan at (716) 626-0083. If I live more than 50 miles from the office at which my file is being processed, I may call you collect.

By signing below, I acknowledge receipt of a copy of this pre-application disclosure and fee agreement.

**APPLICANT  DATE _____

**APPLICANT _____ DATE _____

**Do not sign this form if spaces are left blank.

00003

GOOD FAITH ESTIMATE

Applicants: YVETTE BOYKIN
 Property Addr: 81 WALDEN AVE, BUFFALO, NY 14211
 Prepared By: AMERICAN EQUITY SERVICES, INC. Ph. 716-626-0083
 300 CAYUGA ROAD, CHEEKTOWAGA, NY 14225

Application No: 00003253
 Date Prepared: 08/03/2001
 Loan Program:

The information provided below reflects estimates of the charges which you are likely to incur at the settlement of your loan. The fees listed are estimates-actual charges may be more or less. Your transaction will not involve a fee for every item listed. The numbers listed beside the estimates generally correspond to the numbered lines contained in the HUD-1 settlement statement which you will be receiving at settlement. The HUD-1 settlement statement will show you the actual cost for items paid at settlement.

Total Loan Amount \$ 25,000 Interest Rate: 8.000 % Term: 180 / 180 mths

100	ITEMS PAYABLE IN CONNECTION WITH THE LOAN			
801	Loan Origination Fee	2.000%		
802	Loan Discount		\$ 500.00	PFC
803	Appraisal Fee		450.00	
804	Credit Report			
805	Lender's Inspection Fee			
808	Mortgage Broker Fee			
809	Tax Related Service Fee			
810	Processing Fee			
811	Underwriting Fee		200.00	PFC
812	Wire Transfer Fee		100.00	
	APPLICATION FEE		395.00	PFC

1100	TITLE CHARGES			
1101	Closing or Escrow Fee:		\$ 150.00	PFC
1105	Document Preparation Fee		150.00	
1106	Notary Fees			
1107	Attorney Fees			
1108	Title Insurance:		276.00	
	TITLE SEARCH		225.00	
	TITLE EXAMINATION		250.00	

1200	GOVERNMENT RECORDING & TRANSFER CHARGES			
1201	Recording Fees:		\$ 60.00	
1202	City/County Tax/Stamp:			
1203	State Tax/Stamp:		162.50	

1300	ADDITIONAL SETTLEMENT CHARGES			
1302	Pest Inspection		\$ 10.00	
	Flood Cert.			

800	ITEMS REQUIRED BY LENDER TO BE PAID BY ADVANCE			Estimated Closing Costs
901	Interest for 15 days @ \$ 5.4795 per day		\$ 82.19	
902	Mortgage Insurance Premium			
903	Hazard Insurance Premium			
904				
905	VA Funding Fee			

1000	RESERVES DEPOSITED WITH LENDER			
1001	Hazard Insurance Premiums	months @ \$ 27.00 per month	\$	
1002	Mortgage Ins. Premium Reserves	months @ \$		per month
1003	School Tax	months @ \$		per month
1004	Taxes and Assessment Reserves	months @ \$ 178.00 per month		
1005	Flood Insurance Reserves	months @ \$		per month
		months @ \$		per month
		months @ \$		per month

	Estimated Prepaid Items/Reserves	82.19
TOTAL ESTIMATED SETTLEMENT CHARGES		3,010.69
COMPENSATION TO BROKER (Not to be paid by you)		\$

TOTAL ESTIMATED FUNDS NEEDED TO CLOSE		TOTAL ESTIMATED MONTHLY PAYMENT	
Purchase Price/Payoff	\$ 6,164.00	Principal & Interest	\$ 238.91
Base Loan Amount	25,000.00	Other Financing (P & I)	
MIP/FF Financed	0.00	Hazard Insurance	27.00
Total Loan Amount	25,000.00	Real Estate Taxes	178.00
Amount Paid by Seller		Mortgage Insurance	
Estimated Closing Costs	2,928.50	Homeowner Assn. Dues	
Estimated Prepaid Items/Reserves	82.19	Other	

Total Est. Funds to YOU	15,825.31	Total Monthly Payment	443.91
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☐ This Good Faith Estimate is being provided by _____, a mortgage broker, and no lender has been obtained. A lender will provide you with an additional Good Faith Estimate within three business days of the receipt of your loan application. These estimates are provided pursuant to the Real Estate Settlement Procedures Act of 1974, as amended (RESPA). Additional information can be found in the HUD Special Information Booklet, which is to be provided to you by your mortgage broker or lender, if your application is to purchase residential real property and the lender will take a first lien on the property. The undersigned acknowledges receipt of the booklet "Settlement Costs," and if applicable the Consumer Handbook on ARM Mortgages.

Applicant YVETTE BOYKIN

Date

Applicant

Date

1. TYPE OF MORTGAGE AND TERMS OF LOAN

TYPE OF MORTGAGE AND TERMS OF LOAN

I. PROPERTY INFORMATION AND PURPOSE OF LOAN

[illegible]

Complete this line if construction or construction-permanent loan.

Complete this line if this is a refinance loan.

Title will be held in what Name(s)	YVETTE BOYKIN	Manner in which Title will be held	Estate will be held in
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SINGLE WOMAN ☒ Fee Simple

Borrower	BL BORROWER INFORMATION	Co-Borrower

Borrower's Name (include Jr. or Sr. if applicable)	Co-Borrower's Name (include Jr. or Sr. if applicable)
--	---

[illegible]

Separated		Present Address (street, city, state, ZIP) <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent		17 No Yrs	Separated		Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent		No. Yrs
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Present Address (Street, City, State, Zip) ☒ Civil ☐ Non-Civil 11 (Ref. No.) _____

If residing at present address for less than two years, complete the following:

Former Address (street, city, state, ZIP) ☐ Own ☐ Rent No. Yrs

Former Address (street, city, state, ZIP) ☐ Own ☐ Rent _____ No. 11a. _____

Current Address (street, city, state, ZIP) ☐ Own ☐ Rent No. Yrs

Former Address (street, city, state, zip) ☐ Own ☐ Rent _____ No. 116. _____ Address (street, city, state, zip) ☐ Own ☐ Rent _____

11. EMPLOYMENT INFORMATION: _____ CO. RAJONGKONG

Borrower		EMPLOYMENT INFORMATION		CO-SIGNER	
Name of Borrower	Address of Borrower	<input type="checkbox"/> Self Employed Yrs. on this job	Name and Address of Employer	<input type="checkbox"/> Self Employed Yrs. on this job	Name and Address of Co-Signer

17a. employed in this line of		17a. employed in this line of
----------------------------------	--	----------------------------------

Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)
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If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)
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Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)
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100-443888-100

V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION						
Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$	Rent	\$	\$
Overtime				First Mortgage (P&I)	230.00	238.91
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance	27.00	27.00
Dividends/Interest				Real Estate Taxes	178.00	178.00
Net Rental Income	450.00		450.00	Mortgage Insurance		
Other (before completing, see the notice in "describe other income" below)	3,153.00		3,153.00	Homeowner Assn. Dues		
Total	\$ 3,603.00	\$	\$ 3,603.00	Other		
				Total	\$ 435.00	\$ 443.91

*Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower(B) or Co-Borrower(C) does not choose to have it considered for repaying this loan.

B/C		Monthly Amount
B	Pension/Retirement Income	\$ 2,216.00
B	Social Security/Disability Income	937.00

VI. ASSETS AND LIABILITIES		
This statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Borrower section was completed about a spouse, this Statement and supporting schedules must be completed about that spouse also.		
Completed <input type="checkbox"/> Jointly <input checked="" type="checkbox"/> Not Jointly		

ASSETS		Cash or Market Value	LIABILITIES AND PLEDGED ASSETS. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.		Monthly Payt. & Mos. Left to Pay	Unpaid Balance
Description			Name and address of Company		\$ Payt./Mos.	\$
Cash deposit toward purchase held by:	\$		PEACHTREE FEDERAL CR			
List checking and savings accounts below			Acct. no. 103680201	306 /48		11,370
Name and address of Bank, S&L, or Credit Union			Name and address of Company		\$ Payt./Mos.	\$
KEY BANK			EXCEL FCU			
Acct. no. CHECKING	\$ 2,000		Acct. no. 95810090	100		1,622
Name and address of Bank, S&L, or Credit Union			Name and address of Company		\$ Payt./Mos.	\$
EXCEL FCUNION			PEACHTREE FEDERAL CR			
Acct. no. SAVINGS	\$ 5,000		Acct. no. 9581009	100 /10		1,462
Name and address of Bank, S&L, or Credit Union			Name and address of Company		\$ Payt./Mos.	\$
WACHOVIA BANK			AMEX			
Acct. no. SAVINGS	\$ 3,000		Acct. no. 22423200			323
Name and address of Bank, S&L, or Credit Union			Name and address of Company		\$ Payt./Mos.	\$
ASSOCIATED FCUNION			RICHS/FDSB			
Acct. no. CHECKING	\$ 2,500		Acct. no. 118207364020	5		184
Stocks & Bonds (Company name/number & description)	\$		Name and address of Company		\$ Payt./Mos.	\$
US SAVINGS BONDS RETIREMENT FUND	5,000	105,000	AFECU VISA			
Life Insurance net cash value	\$		Acct. no. 4330060000362241	10		148
Face amount: \$	100,000		Name and address of Company		\$ Payt./Mos.	\$
Subtotal Liquid Assets	\$ 222,500		HRS/VALUE C			
Real estate owned (enter market value from schedule of real estate owned)	\$	148,000	Acct. no. 7001321102	10		51
Vested interest in retirement fund	\$		Alimony/Child Support/Separate Maintenance Payments Owed to:		\$	
Net worth of business(es) owned (attach financial statement)	\$		Job Related Expense (child care, union dues, etc.)		\$	
Automobiles owned (make and year)	\$		Total Monthly Payments	\$ 531		
Other Assets (itemize)	\$		Net Worth (a-b)	\$ 285,918	Total Liabilities b.	\$ 84,588
Total Assets a.	\$ 370,500					

20006

00007



AMERICAN EQUITY SERVICES, INC.

New York State Banking Department

Registered Mortgage Broker

(716) 626-0083 phone (716) 362-3113 fax

2 August 2001

Ms. Yvette Boykin
4045 Rockey Valley Road
Conley, GA 30288

Dear Ms. Boykin:

Thank you for choosing American Equity Service, Inc. for your current financing needs.


We have reviewed your credit, income and subject property value and are pleased to advise that you have been pre-qualified for the following mortgage financing:

Loan Type: HELOC Home Improvement Line of Credit
Line Amount: \$25,000
Interest Rate: Prime minus (-) .25 [currently = 6.5% for 1st six months]
Prime plus (+) 1.25 [currently = 8.0% thereafter]
Term: Revolving for 10 years
Converted to amortized 20 year loan thereafter

Total Closing Costs: \$1,500 (includes our fee and can be taken from the loan proceeds)

Thank you again for your kind consideration; I look forward to arranging a convenient time to complete your application and arrange the closing which is expected to be approximately three weeks from your formal application.

At your service,


Bernice J. Kelley
Sr. Mortgage Consultant
American Equity Service Inc.

Applicants: YVETTE BOYKIN
 Property Addr: 81 WALDEN AVE, BUFFALO, NY 14211
 Prepared By: AMERICAN EQUITY SERVICES, INC. Ph. 716-626-0083
 300 CAYUGA ROAD, CHEEKTOWAGA, NY 14225

Application No: 00608293
 Date Prepared: 08/03/2001
 Loan Program:

The information provided below reflects estimates of the charges which you are likely to incur at the settlement of your loan. The fees listed are estimates-actual charges may be more or less. Your transaction may not involve a fee for every item listed. The numbers listed beside the estimates generally correspond to the numbered lines contained in the HUD-1 settlement statement which you will be receiving at settlement. The HUD-1 settlement statement will show you the actual cost for items paid at settlement.

Total Loan Amount \$ 25,000 Interest Rate: 8.000 % Term: 180 / 180 mths

800	ITEMS PAYABLE IN CONNECTION WITH LOAN	\$	PFC
801	Loan Origination Fee		
802	Loan Discount		
803	Appraisal Fee		
804	Credit Report		
805	Lender's Inspection Fee		
808	Mortgage Broker Fee		
809	Tax Related Service Fee		
810	Processing Fee		PFC
811	Underwriting Fee		
812	Wire Transfer Fee		PFC
	APPLICATION FEE		

1100	TITLE CHARGES	\$	PFC
1101	Closing or Escrow Fee:		
1105	Document Preparation Fee		
1106	Notary Fees		
1107	Attorney Fees		
1108	Title Insurance:		
	TITLE SEARCH		
	TITLE EXAMINATION		

1200	GOVERNMENT RECORDING & TRANSFER CHARGES	\$
1201	Recording Fees:	
1202	City/County Tax/Stamp:	
1203	State Tax/Stamp:	

1300	ADDITIONAL SETTLEMENT CHARGES:	\$
1302	Pest Inspection	
	Flood Cert.	

Estimated Closing Costs

900	ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE	\$
901	Interest for days @ \$ 5.4795 per day	
902	Mortgage Insurance Premium	
903	Hazard Insurance Premium	
904		
905	VA Funding Fee	

1000	RESERVES DEPOSITED WITH LENDER	months @ \$	per month	\$
1001	Hazard Insurance Premiums	months @ \$	per month	
1002	Mortgage Ins. Premium Reserves	months @ \$	per month	
1003	School Tax	months @ \$	per month	
1004	Taxes and Assessment Reserves	months @ \$	per month	
1005	Flood Insurance Reserves	months @ \$	per month	
		months @ \$	per month	

Estimated Prepaid Items/Reserves

TOTAL ESTIMATED SETTLEMENT CHARGES	\$
COMPENSATION TO BROKER (Not Paid Out of Loan Proceeds)	

TOTAL ESTIMATED FUNDS NEEDED TO CLOSE	TOTAL ESTIMATED MONTHLY PAYMENT
Purchase Price/Payoff	Principal & Interest \$ 238.91
Base Loan Amount 25,000.00	Other Financing (P & I) 27.00
MIP/FF Financed 0.00	Hazard Insurance
Total Loan Amount 25,000.00	Real Estate Taxes 178.00
Amount Paid by Seller	Mortgage Insurance
Estimated Closing Costs	Homeowner Assn. Dues
Estimated Prepaid Items/Reserves	Other

Total Est. Funds To You 25,000.00 Total Monthly Payment 443.91

☒ This Good Faith Estimate is being provided by American Equity Svcs., Inc., a mortgage broker, and no lender has been obtained. A lender will provide you with an additional Good Faith Estimate within three business days of the receipt of your loan application. These estimates are provided pursuant to the Real Estate Settlement Procedures Act of 1974, as amended (RESPA). Additional information can be found in the HUD Special Information Booklet, which is to be provided to you by your mortgage broker or lender. If your application is to purchase residential real property and the lender will take a first lien on the property. The undersigned acknowledges receipt of the booklet "Settlement Costs," and if applicable the Consumer Handbook on ARM Mortgages.

Applicant YVETTE BOYKIN

Date

Applicant

Date

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

(THIS IS NEITHER A CONTRACT NOR A COMMITMENT TO LEND)

Applicants: **YVETTE BOYKIN**Prepared By: **AMERICAN EQUITY SERVICES, INC.**Property Address: **81 WALDEN AVE
BUFFALO, NY 14211****300 CAYUGA ROAD
CHEEKTOWAGA, NY 14225
716-626-0083**Application No: **00003253**Date Prepared: **08/03/2001**

Check box if applicable:

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments
The cost of your credit as a yearly rate	The dollar amount the credit will cost you	The amount of credit provided to you or on your behalf	The amount you will have paid after making all payments as scheduled
8.000 %	\$ 18,004.90	\$ 25,000.00	\$ 43,004.90

☐ **REQUIRED DEPOSIT:** The annual percentage rate does not take into account your required deposit☐ **PAYMENTS:** Your payment schedule will be:

Number of Payments	Amount of Payments **	When Payments Are Due	Number of Payments	Amount of Payments **	When Payments Are Due	Number of Payments	Amount of Payments **	When Payments Are Due
179	238.91	Monthly Beginning			Monthly Beginning			Monthly Beginning
1	240.01							

☐ **DEMAND FEATURE:** This obligation has a demand feature.☐ **VARIABLE RATE FEATURE:** This loan contains a variable rate feature. A variable rate disclosure has been provided earlier.**CREDIT LIFE/CREDIT DISABILITY:** Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.

Type	Premium	Signature
Credit Life	NA	I want credit life insurance. X
Credit Disability	NA	I want credit disability insurance. X
Credit Life and Disability	NA	I want credit life and disability insurance. X

INSURANCE: The following insurance is required to obtain credit:☐ Credit life insurance ☐ Credit disability ☐ Property insurance ☐ Flood insurance

You may obtain the insurance from anyone you want that is acceptable to creditor

☐ If you purchase ☐ property ☐ flood insurance from creditor you will pay \$ _____ for a one year term.**SECURITY:** You are giving a security interest in:☐ The goods or property being purchased ☐ Real property you already own.**FILING FEES:** \$ _____**LATE CHARGE:** If a payment is more than _____ days late, you will be charged _____ % of the payment**PREPAYMENT:** If you pay off early, you☒ may ☐ will not have to pay a penalty.
☐ may ☒ will not be entitled to a refund of part of the finance charge.**ASSUMPTION:** Someone buying your property☒ may ☐ may, subject to conditions ☐ may not assume the remainder of your loan on the original terms.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date and prepayment refunds and penalties

☐ * means an estimate ☐ all dates and numerical disclosures except the late payment disclosures are estimates.

THE UNDERSIGNED ACKNOWLEDGE RECEIVING A COMPLETED COPY OF THIS DISCLOSURE.

Yvette Boykin 8/6/01
 YVETTE BOYKIN (Applicant) (Date)
 _____ (Applicant) (Date)
 _____ (Applicant) (Date)

(Lender) (Date)

P0011

CITIBANKBROKER POINT PROGRAMBORROWER ACKNOWLEDGEMENT AND CONSENT FORMBoykin
Borrower's Last NameYvette
First Name_____
Loan Reference Number

1. I hereby represent to the lender who originates my home equity line of credit (the "Lender") that I have entered into an agreement with American Equity Svcs ("Mortgage Broker") under which the Mortgage Broker agreed to assist me in obtaining a home equity line of credit. Pursuant to that agreement and in consideration for those mortgage broker services, I have agreed to pay the Mortgage Broker a mortgage brokerage fee in the amount of \$ 1000.00. I acknowledge that the mortgage brokerage fee is not being required or imposed by the Lender (Citibank).
2. Unless I subsequently advise the Lender otherwise, I hereby authorize the Lender to pay the mortgage brokerage fee to the Mortgage Broker out of the Home Equity Line of Credit at the earliest time permitted by applicable law. I acknowledge that I will be required to pay this fee which will be debited against my home equity line of credit according to the terms of the agreement governing the Home Equity Line of Credit.
3. I authorize the Lender to provide the Mortgage Broker with reports on the status of the home equity line of credit application I am submitting or have submitted to the Lender. I understand that these status reports may, but will not necessarily, include a description of the action the Lender has taken on waiving any privacy rights, which will be afforded to me under state laws.

6 August 2001
DateYvette Boykin
Applicant_____
Date_____
ApplicantBORROWERS CONFIRMED AND AUTHORIZED AT THE TIME OF THE CLOSING
OF THE HOME EQUITY LINE OF CREDIT.

Date _____

Applicant _____

Date _____

Applicant _____

P0012



AMERICAN EQUITY SERVICES, INC.

New York State Banking Department
Registered Mortgage Broker
(716) 626-0083 phone • (716) 626-0499 fax

6 August 2001

Yvette Boykin
81 WARDEN AVENUE
BUFFALO, NY 14211

Dear Yvette Boykin:

Please be advised that the loan you will be closing ☒ does not, ☐ does (see terms below) have a prepayment penalty.

The terms of the prepayment penalty are as follows:

☐ Penalty imposed if the loan is paid off in less than ☐ year(s).

☐ Penalty amount is calculated: ☐

Please sign and return a copy of this letter in the enclosed stamped and pre-addressed envelope.

Also, please don't hesitate to call if you have any questions or concerns. We appreciate the opportunity to serve you.

Sincerely,

American Equity Services, Inc.

By signing, I acknowledge that I have been informed of possible prepayment penalties and have been given a copy of this disclosure.

Applicant Yvette Boykin
Applicant

Date 8/6/01
Date

00013



AMERICAN EQUITY SERVICES, INC.

New York State Banking Department
Registered Mortgage Broker
(716) 626-0083 phone • (716) 626-0499 fax

**Real Estate Settlement Procedures Act
Exhibit 1.3 F**

Notice

To: Yvette Boykin Property: 81 Walden Ave Buffalo NY 14211
From: American Equity Services Inc. Date: 6 August 2001

A) This is to give you notice that American Equity Services Inc., has a business relationship with two stockholders of Accudata Search Inc., (closing agent). These stockholders of Accudata Search Inc. own 40% of the stock of American Equity Services Inc. Because of this relationship, this referral may provide the referring party a financial or other benefit.

B) Set forth below is the estimated charge or range of charges for the settlement services of the settlement agent and credit reporting agency we, as your broker, require you to use, as a condition of your mortgage loan closing on this property, to represent our investor's interests in this transaction.

Provider
Henning Credit Inc.
Accudata Search Inc.

Range of charges
\$ 0.00 to 50.00
\$ 450.00

ACKNOWLEDGMENT

I / we have read this disclosure form, and understand that American Equity Services Inc., is referring me / us to purchase the above described settlement service(s) and may receive a financial benefit as the result of this referral.

Signature

Date

Signature

Date

00014

40015

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION						
	Borrower	Co-Borrower	Total	Current Monthly Housing Expense	Present	Proposed
Gross Monthly Income						
Base Empl. Income*	\$	\$	\$	Rent	\$	\$
Overtime				First Mortgage (P&I)	230.00	238.91
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance	27.00	27.00
Dividends/Interest				Real Estate Taxes	178.00	178.00
Net Rental Income	450.00		450.00	Mortgage Insurance		
Other (before completing, see the notice to "Borrower/Co-Borrower" below)				Homeowner Assn. Dues		
	3,153.00		3,153.00	Other		
Total	\$ 3,603.00	\$	\$ 3,603.00	Total	\$ 435.00	\$ 443.91

*Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower(B) or Co-Borrower(C) does not choose to have it considered for repaying this loan.

B/C		Monthly Amount
B	Pension/Retirement Income	\$ 2,215.00
B	Social Security/Disability Income	\$ 937.00

FINANCES AND LIABILITIES
This statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Borrower section was completed about a spouse, this Statement and supporting schedules must be completed about that spouse also.

Completed ☐ Jointly ☒ Not Jointly

ASSETS		Cash or Market Value	LIABILITIES		Monthly Payt. & Mos. Left to Pay	Unpaid Balance
Description			Name and address of Company			
Cash deposit toward purchase held by:			PEACHTREE FEDERAL CR			
List checking and savings accounts below			Acct. no. 103680201	306 /48	11,370	
Name and address of Bank, S&L, or Credit Union			Name and address of Company			
KEY BANK			EXCEL FCU			
Acct. no. CHECKING	\$	2,000	Acct. no. 95810090	100	1,622	
Name and address of Bank, S&L, or Credit Union			Name and address of Company			
EXCEL FCUNION			PEACHTREE FEDERAL CR			
Acct. no. SAVINGS	\$	5,000	Acct. no. 9581009	100 /10	1,462	
Name and address of Bank, S&L, or Credit Union			Name and address of Company			
WACHOVIA BANK			AMEX			
Acct. no. SAVINGS	\$	3,000	Acct. no. 22423200		323	
Name and address of Bank, S&L, or Credit Union			Name and address of Company			
ASSOCIATED FCUNION			RICH/FDSB			
Acct. no. CHECKING	\$	2,500	Acct. no. 118207364020	5	184	
Stocks & Bonds (Company name, number & description)			Name and address of Company			
US SAVINGS BONDS RETIREMENT FUND		5,000	AFECU VISA			
Life Insurance net cash value			Acct. no. 4330060000362241	10	148	
Face amount, \$	\$	100,000	Name and address of Company			
Subtotal Liquid Assets	\$	222,500	HRS/VALUE C			
Real estate owned (enter market value on schedule of real estate owned)	\$	148,000	Acct. no. 7001321102	10	51	
Invested interest in retirement fund	\$		Alimony/Child Support/Separate Maintenance Payments Owed to:			
Net worth of business(es) owned (attach financial statement)	\$		Job Related Expense (child care, union dues, etc.)			
Automobiles owned (make and year)	\$		Total Monthly Payments	\$ 531		
Other Assets (Remize)	\$		Total Assets a.	\$ 370,908	Total Liabilities b.	\$ 84,588

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Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet)								
Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc	Net Rental Income	
81 WALDEN AVE BUFFALO, NY 14211	SFR	\$ 48,000	\$ 6,164	\$ 600	\$ 230	\$ INC	\$ 450	
4045 ROCKY VALLEY DRIVE CONLEY, GA 30288	SFR	100,000	63,264	0	484	INC	0	
Totals		\$ 148,000	\$ 69,428	\$ 600	\$ 714	\$	\$ 450	

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name	Creditor Name	Account Number

VI. DETAILS OF TRANSACTION		VII. DECLARATIONS	
a. Purchase price	\$	If you answer "yes" to any questions a through i, please use continuation sheet for explanation.	
b. Alterations, improvements, repairs		Borrower	Co-Borrower
c. Land (if acquired separately)		Yes	No
d. Refinance (net debt to be paid off)	6,164.00	a. Are there any outstanding judgments against you?	<input checked="" type="checkbox"/> <input type="checkbox"/>
e. Estimated prepaid items		b. Have you been declared bankrupt within the past 7 years?	<input checked="" type="checkbox"/> <input type="checkbox"/>
f. Estimated closing costs		c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input checked="" type="checkbox"/> <input type="checkbox"/>
g. PMI, MIP, Funding Fee		d. Are you a party to a lawsuit?	<input checked="" type="checkbox"/> <input type="checkbox"/>
h. Discount (if Borrower will pay)		e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name and address of lender, FHA or VA case number, etc.)	<input checked="" type="checkbox"/> <input type="checkbox"/>
i. Total costs (add items a through h)	6,164.00	f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation bond, or loan guarantee? If "Yes," give details as described in the preceding question.	<input checked="" type="checkbox"/> <input type="checkbox"/>
j. Subordinate financing		g. Are you obligated to pay alimony, child support, or separate maintenance?	<input checked="" type="checkbox"/> <input type="checkbox"/>
k. Borrower's closing costs paid by Seller		h. Is any part of the down payment borrowed?	<input checked="" type="checkbox"/> <input type="checkbox"/>
l. Other Credits (explain)		i. Are you a co-maker or endorser on a note?	<input checked="" type="checkbox"/> <input type="checkbox"/>
m. Loan amount (exclude PMI, MIP, Funding Fee financed)	25,000.00	j. Are you a U.S. citizen?	<input checked="" type="checkbox"/> <input type="checkbox"/>
n. PMI, MIP, Funding Fee financed		k. Are you a permanent resident alien?	<input checked="" type="checkbox"/> <input type="checkbox"/>
o. Loan amount (add m & n)	25,000.00	l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below.	<input checked="" type="checkbox"/> <input type="checkbox"/>
p. Cash from the Borrower (subtract j, k, l & o from i)	(10,836.00)	m. Have you had an ownership interest in a property in the last three years?	<input checked="" type="checkbox"/> <input type="checkbox"/>
		(1) What type of property did you own: principal residence (PR), second home (SH), or investment property (IP)?	PR/SH/IP
		(2) How did you hold title to the home: solely by yourself (S), jointly with your spouse (SP), or jointly with another person (JP)?	S

The undersigned specifically acknowledge(s) and agree(s) that: (1) the loan requested by this application will be secured by a first mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) occupation of the property will be as indicated above; (5) verification or reverification of any information contained in the application may be made at any time by the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the loan is not approved; (6) the Lender, its agents, successors and assigns will rely on the information contained in the application and will have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which have been represented herein should change prior to closing; (7) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (8) ownership of the loan may be transferred to successor or assign of the Lender without notice to me; (9) the Lender, its agents, successors and assigns make no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification: I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, as amended, and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Borrower's Signature: [Signature] Date: 9/6/03 Co-Borrower's Signature: X Date:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosure satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic origin <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other (specify) <u> </u> Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other (specify) <u> </u> Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by Interviewer: This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail <input checked="" type="checkbox"/> by telephone Interviewer's Name (print or type): BJ KELLEY Interviewer's Signature: <u>[Signature]</u> Date: <u>9/6/03</u> Interviewer's Phone Number (incl. area code): 716-626-0083		Name and Address Interviewer's Employer: AMERICAN EQUITY SERVICES, INC. 300 CAYUGA ROAD CHEEKTOWAGA, NY 14225 (P) 716-626-0083 (F) 716-362-3113	

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Continuation Sheet Residential Loan Application		
Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark B for Borrower or C for Co-Borrower.	Borrower:	Agency Case Number:
	YVETTE BOYKIN Co-Borrower:	Lender Case Number:

Lender Case Number:	
----------------------------	--

[illegible]

Date _____

Fannie Mae Form 1003 10/92

P0018



AMERICAN EQUITY SERVICES, INC.

New York State Banking Department
Registered Mortgage Broker
(716) 626-0083 phone • (716) 362-3113 fax

26 September 2001

Yvette Boykin
4045 Rockey Valley Road
Conley, GA 30288

Dear Yvette:

Thank you for allowing me to assist you with your recent mortgage financing needs.

I trust that you found your experience with **AMERICAN EQUITY SERVICES** and me not only helpful and pleasant but also informative.

As you know, I am in the business of *selling money* to people who either presently own a home or to those would like to own a home.

AMERICAN EQUITY SERVICES handles all types of credit situations and we offer various loan programs to suit just about every need.


With that in mind, would you please take a few minutes to jot down the names of *at least five people* that you know who either own or rent a home (*which should include just about everyone*). **The form can be either mailed or faxed back to me.**

Mortgage rates are at an all time low and NOW is the time to refinance and/or purchase a home.

I would like to offer my services to these people and you can rest assured that I will work with them in the same professional manner that I worked with you.

Thank you again for your kind consideration; I look forward to working with you again in the future as the need arises.

At your service,


Bernice J. Kelley ("BJ")
Sr. Mortgage Consultant
AMERICAN EQUITY SERVICES, INC.

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HOME EQUITY LINE OF CREDIT AGREEMENT AND DISCLOSURE

Account No.: 3007551702

Borrower(s): YVETTE BOYKIN

Property Address: 81 WALDEN AVENUE
BUFFALO, NY 14211 (the "Property")

Credit Limit:	\$25,000.00
Initial Margin:	-0.750%
Initial Daily Periodic Rate:	0.014383%
Initial ANNUAL PERCENTAGE RATE: (The Initial Annual Percentage Rate will vary as the Index varies)	5.250% (Index +/- the Initial Margin)
Initial Index:	6.000%
Date the Initial Margin Ends and Regular Margin Begins:	03/24/2002
Regular Margin:	1.000%
Regular Daily Periodic Rate:	0.019178%
Regular ANNUAL PERCENTAGE RATE: (The Regular Annual Percentage Rate will vary as the Index varies)	7.000% (Index +/- the Regular Margin)
Annual Membership Fee:	\$0.00

The undersigned Borrower(s), jointly and severally if more than one, agree to all of the terms and conditions of this Home Equity Line of Credit Agreement and Disclosure, which consists of ten pages, and acknowledge receipt of a completed copy, along with the notice about Your Billing Rights. The date of this Agreement is the latest date next to a Borrower's signature.

09/24/2001

Borrower: YVETTE BOYKIN

Borrower:

Borrower:

Borrower:



HOME EQUITY LINE OF CREDIT AGREEMENT AND DISCLOSURE

DEFINITIONS: As used herein:

- "Account" means the Home Equity Line of Credit Account opened under the Agreement.
- "Agreement" means this Home Equity Line of Credit Agreement and Disclosure together with any modifications, amendments, replacements or substitutions thereto.
- "Bank" means Citibank (New York State)
- "Card" means either one or more credit cards issued by Bank as a means to obtain Loan Advances pursuant to the Agreement.
- "Credit Limit" means the maximum aggregate amount of the Loan Advances that may be outstanding at any given time pursuant to the Agreement.
- "Draw Period" means the ten years from the date of the Agreement during which Loan Advances may be made.
- "Index" means the highest Prime Rate as published in the Money Rates section of The Wall Street Journal from time to time. The Wall Street Journal is available at many newsstands and public libraries, or you may obtain copies from The Wall Street Journal, 200 Burnett Road, Chicopee, Massachusetts 01020. A Prime Rate is not necessarily the lowest or best rate available.
- "Loan Advances" means amounts drawn on your Account pursuant to the Agreement by Home Equity Line of Credit checks, pursuant to Card transactions, or in any other way Bank allows, and advances by Bank pursuant to the Agreement or Mortgage to protect the Property or Bank's security interest in the Property, including but not limited to advances to maintain required insurance on the Property or to pay taxes on the Property.
- "Mortgage" means the mortgage, deed of trust, deed to secure debt or cooperative security agreement which covers the Property which secures the Agreement.
- "Property" means the property described in the Mortgage which secures the Agreement.
- "Repayment Period" means the twenty years immediately following the Draw Period during which Loan Advances may not be made.
- "You," "Your" and "Yours," whether or not the first letter of the word is capitalized, means each person who signs below as Borrower, jointly and severally.

Certain other terms are defined elsewhere in this Agreement.

PROMISE TO PAY: You promise to pay to Bank all Loan Advances, together with **FINANCE CHARGES** at the applicable daily periodic rate, and any other fees, charges or other **FINANCE CHARGES**, all as provided for in the Agreement.

HOW FINANCE CHARGES ARE IMPOSED AND DETERMINED:

- **FINANCE CHARGES** on Loan Advances at the applicable Daily Periodic Rate begin to accrue on the date the Loan Advance is posted to your Account. There is no grace period for repayment of your balance during which **FINANCE CHARGES** will not accrue. If there are any other **FINANCE CHARGES** payable under the Agreement, they will be dollar amounts itemized herein as **FINANCE CHARGES** and will be due and payable on the date of the Agreement.

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HOME EQUITY LINE OF CREDIT AGREEMENT AND DISCLOSURE

- The appropriate Margin is added to the Index to determine the ANNUAL PERCENTAGE RATE, which will be divided by 365 (366 in leap years) to determine the Daily Periodic Rate which will be applied to the balance on which the FINANCE CHARGE will be computed during your monthly billing cycle.
- The Index used for a billing cycle will be the most recent Index rate published on or before the first day of the month in which the billing cycle begins; provided, however, if you request Card access to your Account and qualify, the Index will be computed on the first business day of the month, and if the Index changes from a preceding Index, the changed Index will apply to your Account (including existing balances) as of the first billing cycle which ends on or after the second Friday of the month in which the Index changes from a preceding Index.
- The Initial Margin shown above will be in effect from the date of the Agreement until the Date the Initial Margin Ends and Regular Margin Begins shown above.
- The Initial ANNUAL PERCENTAGE RATE will be in effect from the date of the Agreement and can change on the first day of your next monthly billing cycle. Thereafter the ANNUAL PERCENTAGE RATE can change on the first day of each following monthly billing cycle.
- On the Date the Initial Margin Ends and Regular Margin Begins shown above, the Regular Margin shown above will go into effect. If the Index has not changed so as to affect the rate, the Regular ANNUAL PERCENTAGE RATE and Regular Daily Periodic Rate shown above will then be in effect.
- The ANNUAL PERCENTAGE RATE does not include costs other than interest. Any increase in the ANNUAL PERCENTAGE RATE will result in an increase in the minimum monthly payment. The ANNUAL PERCENTAGE RATE will not exceed 18%, no matter how much the Index increases.
- You will be sent statements on a monthly cycle which will reflect your Account activity and any amounts you owe Bank. The amount of the FINANCE CHARGE in your statements will be calculated by multiplying the daily periodic rate for the day by the daily balance for your Account at the end of each day in the monthly billing cycle. To determine the daily balance Bank takes the beginning balance of your Account each day, adds any new Loan Advances and other charges, and subtracts any payments and credits. Late Charges, credit life insurance, if any, and unpaid FINANCE CHARGES will not be counted as part of the daily balance for purposes of calculating the FINANCE CHARGE.
- Payments are applied first to due and unpaid FINANCE CHARGES and other charges and then to the unpaid balance of Loan Advances.

OTHER CHARGES: These are charges other than FINANCE CHARGES. These charges are not counted as part of your daily unpaid balance of Loan Advances for purposes of computing FINANCE CHARGES:

- There is no annual membership fee associated with your Account. You will not be charged any annual travel rewards program membership fee for participation in any travel rewards program (which may be offered as a benefit by Bank to its borrowers in Bank's sole discretion from time to time in connection with the transaction contemplated under this Agreement), unless you request and qualify for credit card access to your Account and you elect to participate in the travel rewards program. If you do request and qualify for credit card access to your Account and you do elect to participate in the travel rewards program, you will be charged an annual travel rewards program membership fee, which is currently \$39 and will be debited annually to your Account. You are not required to participate in the travel rewards program. Participation in the travel rewards program is optional. Any annual travel rewards program membership fee may increase from time to time due to the fact that the travel rewards program provides a benefit to you independent of the use of the line and participation in the travel rewards program is voluntary.

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HOME EQUITY LINE OF CREDIT AGREEMENT AND DISCLOSURE

- If Bank does not receive the full amount of any monthly payment due within 15 calendar days of the due date, you will be charged a late charge of 2% of the overdue payment. However, you will not be charged a late charge on an unpaid late charge.
- If there is a Loan Advance which causes your Credit Limit to be exceeded, Bank will charge you a \$10 overlimit fee. This charge will not be imposed on more than four transactions a day.
- If your payment is returned unpaid for any reason, Bank will charge you a \$20 returned item fee.
- If Bank pays the closing costs to open your Account and, within 36 months of the date of this Agreement, you request that your Account be closed or take any other action which will result in a release of the Mortgage, you agree to pay an early closure release fee which will consist of all costs Bank incurred to open your Account.
- If, for any purpose other than a billing error inquiry or a tax audit inquiry, you request Bank to provide copies of Account documents, Bank may charge you \$2 per copy and a \$20 per hour document research fee.
- Any charges imposed by Bank, if any, in connection with your Account are disclosed above at the beginning of the Agreement.
- You agree to pay any other fees or charges provided for in the Mortgage or otherwise provided for in the Agreement.
- You agree to carry insurance on the Property which secures your Account. You may have to pay a fee to release a prior lien or security interest in the Property.
- You agree to pay any reasonable costs incurred by Bank in connection with the enforcement of its rights and remedies under the Agreement and the Mortgage, including, but not limited to, any reasonable attorneys' fees and other collection costs.

CREDIT CARD: If you request credit card access to your Account and qualify, Bank will issue you a Card. You must sign the Card in order to use it. You will be charged a cash advance fee of 2% of any cash advance obtained by use of the Card, payable when the monthly payment for the statement which reflects the cash advance fee is due. The Card cannot be used during the Repayment Period for your Account.

LIABILITY FOR UNAUTHORIZED USE OF CREDIT CARD: You may be liable for the unauthorized use of your Card or Account. You agree not to allow anyone else to use your Card, but if you do, you will be responsible for his or her charges. You will not be liable for unauthorized use that occurs after notifying us at the phone or address given on your monthly billing statement of the loss, theft, or possible unauthorized use. In any case, your liability will not exceed \$50. If your Card is reported lost or stolen or you are claiming unauthorized use of your Account, we reserve the right to require you to file one or more reports with the appropriate law enforcement authorities prior to our removal of alleged unauthorized charges made against your Account. In the event that credit card access to your Account is no longer allowed by Bank, you will be so notified by Bank; however, you will be able to continue to draw on your Account by using Home Equity Line of Credit checks.

SPECIAL CREDIT CARDHOLDER PROVISIONS: Notwithstanding anything set forth in the Agreement to the contrary, if at any time while you have your Account, you request credit card access to your Account and qualify, (i) the term "Bank" under this Agreement shall mean Citibank, F.S.B.; (ii) if Bank does not receive the full amount of any monthly payment due within 15 calendar days of the due date, you will be charged a late charge of the greater of 6% of the overdue payment or \$5; (iii) if your payment is returned unpaid for any reason, Bank will charge you a \$25 returned item fee; and (iv) the Agreement will be governed by United State federal law and, to the extent the United States federal law is inapplicable, then by the laws of the State of California; except that, with regard to the perfection and enforcement of Bank's security interest in the Property, the Agreement will be governed by the law of the state where the Property is located.

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HOME EQUITY LINE OF CREDIT AGREEMENT AND DISCLOSURE

SECURITY INTEREST IN PROPERTY: As security for the Agreement, you are giving Bank a security interest in the Property located at the address shown above, which security interest secures all of your obligations under this Agreement and the Mortgage. This Property is more fully described in the Mortgage you will sign along with this Agreement. Collateral which secures other obligations to Bank may also secure the Agreement.

PAYMENT TERMS: You agree to pay your monthly payments by the due date shown on your monthly statement. During the Draw Period, you agree to pay a minimum monthly payment, which will be shown on your monthly statement, and which will equal the sum of any past due or over Credit Limit amounts plus accrued and unpaid FINANCE CHARGES and other unpaid fees or charges imposed pursuant to the Agreement. Your paying this minimum monthly payment will not reduce the principal balance of Loan Advances which you owe Bank, except to the extent over Credit Limit amounts are paid. During the Repayment Period, you agree to pay a monthly payment, which will be shown on your monthly statement, and which will equal the FINANCE CHARGES that have accrued on the outstanding balance for the billing period, plus principal equal to the greater of \$50 or $1/240^{th}$ of your principal balance of Loan Advances as of the end of the Draw Period, plus the sum of the following amounts when applicable: past due amounts on your Account, amount owing in excess of your Credit Limit, late charges and other charges imposed pursuant to the Agreement. On the last payment due date of the Repayment Period, any remaining unpaid amounts owed Bank will be due and payable. You may prepay your Account in whole or in part at any time without penalty, but if you request that your Account be closed or take any other action which will result in a release of the Mortgage, you may owe an early closure release fee as provided for in the OTHER CHARGES section. Loan Advances may not be drawn to make payments on the Account. Bank may accept late payments or partial payments, even though marked "payment in full," without losing any of Bank's rights under the Agreement.

TRANSACTION REQUIREMENTS: You may draw Loan Advances during the Draw Period up to your Credit Limit if your Account has not been closed or suspended or your Credit Limit reduced to where further Loan Advances would not be permitted.

TERMINATION OF ACCOUNT BY BANK: Bank may close your Account, and require payment of the outstanding balance in full in a single payment, if:

- You fail to meet the repayment terms of the Agreement for any outstanding balance.
- There has been fraud or a material misrepresentation by you in connection with the Account.
- You take any action or fail to take any action which adversely affects the Property or Bank's security interest in the Property, including but not limited to: a transfer of title to the Property or sale of the Property without Bank's written permission; a failure to maintain any required insurance on the Property; failure to pay taxes on the Property; you permit the filing of a lien senior to that held by Bank; the sole Borrower obligated on the Account dies; the Property is taken through eminent domain; a prior lien-holder forecloses; you commit waste or otherwise destructively use or fail to maintain the Property in a way that adversely affects the Property; there is illegal use of the Property which could subject the Property to seizure; one of two Co-Borrowers dies and Bank's security is thereby adversely affected; or you move out of the Property and Bank's security is thereby adversely affected.
- You are or become an "executive officer" of Bank as defined in Federal Reserve Board Regulation O and Bank determines to require payment in full to comply with federal regulation.

In addition to the foregoing, Bank shall have the right to exercise any and all of its rights and remedies allowed by law or as set forth in this Agreement or in the Mortgage, including, but not limited to, the right to bring an action against you and the right to bring a foreclosure action against the Property.

SUSPENSION OF ACCOUNT OR REDUCTION OF CREDIT LIMIT BY BANK: Bank may prohibit additional extensions of credit or reduce your Credit Limit during any period in which:

- You or any of you request a suspension of the Account or reduction of the Credit Limit.
- The maximum ANNUAL PERCENTAGE RATE is reached.



HOME EQUITY LINE OF CREDIT AGREEMENT AND DISCLOSURE

- The value of the Property declines significantly below the Property's appraised value for purposes of the Account. As an example, if the value of the Property declines such that the initial difference between the Credit Limit and the available equity (based on the Property's appraised value) is reduced by fifty percent, such an event would constitute a significant decline in the value of the Property.
- Bank reasonably believes that you will be unable to fulfill the repayment obligations under the Agreement because of a material change in your financial circumstances.
- You are in default of any material obligation under the Agreement or Mortgage.
- Bank is precluded by government action from imposing the ANNUAL PERCENTAGE RATE provided for in the Agreement.
- The priority of Bank's security interest is adversely affected by government action to the extent that the value of the security interest is less than 120% of the Credit Limit.
- Bank is notified by its regulatory agency that continued advances constitute an unsafe and unsound practice.

If any of the above circumstances change during the Draw Period and you want to reopen your Account or increase your Credit Limit to the original Credit Limit, you must make such a request to Bank in writing and pay any bona fide and reasonable appraisal and credit report fees actually incurred by Bank to investigate whether the above circumstances continue to exist. If Bank suspended your Account or reduced your Credit Limit as a result of your request, the request for reinstatement must be signed by all of you.

You agree that you will not attempt to obtain any additional credit extensions once you know that your credit privileges have been terminated or suspended. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations under the Agreement.

OTHER CHANGES TO THE ACCOUNT: Bank may change the Index and Margin used under the Agreement if the original Index is no longer available, the new index has an historical movement substantially similar to that of the original Index, and the new index and margin would have resulted in an ANNUAL PERCENTAGE RATE substantially similar to the rate in effect at the time the original Index became unavailable. Bank may make a specified change to the Account if you specifically agree to the change in writing at that time. Bank may make changes to the Account that will unequivocally benefit you throughout the remainder of the Account. Bank may make insignificant changes in the terms of the Account, including but not limited to: changing the address to which payments are sent; minor changes to features such as the billing cycle date, the payment due date and the day of the month on which Index values are measured; changes in rounding practices within the tolerance rules allowed by applicable regulation; and changes to balance computation methods if the change produces an insignificant difference in the FINANCE CHARGE you pay.

TAX IMPLICATIONS: You should consult a tax advisor regarding the deductibility of interest (FINANCE CHARGES) and other charges under the Agreement.

DELAY IN ENFORCEMENT: Bank may delay the exercise of Bank's rights under the Agreement or Mortgage without losing them.

PROPERTY INSURANCE: You agree to maintain insurance on the Property as provided for in the Mortgage.

CREDIT INFORMATION: You understand and agree that Bank may obtain credit reports for credit applications and for updates, renewals or extensions of the credit granted. Upon request, Bank will inform you if a report has been obtained and will give you the name and address of the agency that furnished the report. You also agree that Bank may obtain and use credit reports and other information that Bank has obtained in a lawful manner consistent with Bank's privacy policies about you for subsequent solicitations or for any other lawful purpose.



HOME EQUITY LINE OF CREDIT Notice Of Right To Cancel

Ref. No: 3007551702

Borrower's Name(s): YVETTE BOYKIN

Address: 81 WALDEN AVENUE
BUFFALO, NY 14211

I. YOUR RIGHT TO CANCEL

We have agreed to establish an open-end credit account for you, and you have agreed to give us a [mortgage/lien/security interest] [on/in] your home as security for the account. You have a legal right under federal law to cancel the account, without cost, within three business days after the latest of the following events:

- (1) the opening date of your account which is 09/24/2001; or
- (2) the date you received your Truth in Lending disclosures; or
- (3) the date you received this notice of your right to cancel the account.

If You cancel the account, the [mortgage/lien/security interest] [on/in] Your home is also canceled. Within 20 days of receiving Your notice, We must take the necessary steps to reflect the fact that the [mortgage/lien/security interest] [in/on] Your home has been canceled. We must return to You any money or property You have given to Us or to anyone else in connection with the Account.

You may keep any money or property We have given You until We have done the things mentioned above, but You must then offer to return the money or property. If it is impractical or unfair for You to return the property, You must offer its reasonable value. You may offer to return the property at Your home or at the location of the property. Money must be returned to the address shown below. If We do not take possession of the money or property within 20 calendar days of Your offer, You may keep it without further obligation.

II. HOW TO CANCEL

If you decide to cancel the account, you may do so by notifying us, in writing, at:

CITIBANK
Home Equity Closing Department
14700 Citicorp Drive
Hagerstown, MD 21742

You may use any written statement that is signed and dated by you and states your intention to cancel, or you may use this notice by dating and signing below. Keep one copy of this notice no matter how you notify us because it contains important information about your rights.

If you cancel by mail or telegram, you must send the notice no later than midnight of 09/27/2001 (or midnight of the third business day following the latest of the three events listed above).

If you send or deliver your written notice to cancel some other way, it must be delivered to the above address no later than that time.

III. I WISH TO CANCEL

Consumer's Signature: _____

Date: _____

Acknowledgment of Receipt

I/We each acknowledge receipt of two copies of this Notice of Right to Cancel. I/We understand that any one of us, acting alone, can exercise the right to cancel.

Yvette Boykin 09/24/2001 Cassandra Boykin as attor
YVETTE BOYKIN fact

Note: Each person having an ownership interest in the real estate being given as security in the transaction in connection with which this notice is being given must be given two copies of this notice properly completed.

P0026

Account Payoff Authorization
 Date: 09/24/2001
 Citibank Account No.: 3007551702
 Reference No.: 101080702338000

Definitions. In this Authorization, "You," "Your," and "Yours" means each person signing this Authorization. "We," "Us," and "Our" means the Citibank entity You are getting, or have gotten, home equity credit from. "Account" means any loan shown below as one to be completely or partially paid off.

Authorization. With respect to each Account shown below, You authorize Us or Our agent to completely pay off, partially pay off and/or have closed the Account as indicated below.

Accounts to be paid off completely and/or closed.

Account:	BANK OF AMERICA	<input checked="" type="checkbox"/> Close
7000574900	<input checked="" type="checkbox"/> Pay off completely	
Account:	N/A	<input type="checkbox"/> Close
	<input type="checkbox"/> Pay off completely	
Account:	N/A	<input type="checkbox"/> Close
	<input type="checkbox"/> Pay off completely	
Account:	N/A	<input type="checkbox"/> Close
	<input type="checkbox"/> Pay off completely	
Account:	N/A	<input type="checkbox"/> Close
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Account:	N/A	<input type="checkbox"/> Close
	<input type="checkbox"/> Pay off completely	
Account:	N/A	<input type="checkbox"/> Close
	<input type="checkbox"/> Pay off completely	
Account:	N/A	<input type="checkbox"/> Close
	<input type="checkbox"/> Pay off completely	

Pay off. An authorization to pay off completely an Account means to pay all amounts owing in connection with the account including any per diem interest, prepayment penalties, if any imposed by the Account lender and, if We authorized to close the Account, any fees for any release of the Account or for release of, and any recording to any release of, any collateral securing the Account. An authorization to partially pay off an Account means to pay the amount indicated plus the amount of prepayment penalty, if any, charged by the Account lender.

Improper pay off amount. If we overpay the amount owing in connection with an Account, you will obtain any refund of the excess from the Account lender. If the payoff figures given Us in writing or orally in connection with an authorization to pay off completely an Account are for any reason inadequate to pay off completely the Account, You agree to hold Us and Our agent harmless for any damages incurred due to the improper payoff figures. In addition, You agree to pay the shortage within five days of Our sending notification to You of the shortage.

Agreement. By signing below, You agree to be bound by the terms of this Authorization.

09/24/2001
 Borrower: YVETTE BOYKIN

Borrower:

Borrower:

Borrower:

Affiliated Business Arrangement Disclosure

To: YVETTE BOYKIN

From: Citibank, FSB, Citibank, NA, Citibank (New York State) and Citibank (Nevada), NA (collectively, "Citibank")

Property: 81 WALDEN AVENUE, BUFFALO, NY 14211

Date: 09/24/2001

This is to give you notice that Citibank has a business relationship with the settlement service providers listed below. Each is a wholly owned subsidiary of Citigroup. Because of this relationship, this referral may provide Citibank a financial or other benefit.

Set forth below is the estimated charge or range of charges for the settlement services listed. You are NOT required to use the listed provider(s) as a condition for settlement of your loan or the purchase, sale or refinance of the subject property. THERE ARE FREQUENTLY OTHER SETTLEMENT SERVICE PROVIDERS AVAILABLE WITH SIMILAR SERVICES. YOU ARE FREE TO SHOP AROUND TO DETERMINE THAT YOU ARE RECEIVING THE BEST SERVICES AND THE BEST RATE FOR THESE SERVICES.

Provider	Settlement Services	Charge or range of charges
SOMSC Services, Inc.	Flood Determination and Certification	\$10 - \$20. Cost paid by lender.

Set forth below is the estimated charge or range of charges for the settlement services of an attorney, credit reporting agency, or real estate appraiser that we, as your lender, may require you to use, as a condition of your loan on this property, to represent our interests in the transaction.

Provider	Settlement Services	Charge or range of charges
Chesapeake Appraisal and Settlement Services ¹	Appraisal	\$175 - \$670. Appraisal cost paid by lender.

ACKNOWLEDGEMENT

I/we have read this disclosure form, and understand that Citibank is referring me/us to purchase the above-described settlement service(s) and may receive a financial or other benefit as the result of this referral.

09/24/2001

Borrower: YVETTE BOYKIN

Borrower: _____

Borrower: _____

Borrower: _____

¹ Not all of the above services are available from Chesapeake in all states. You may inquire of lender regarding the services of Chesapeake in your state.

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Our Privacy Notice

Keeping customer information secure is a top priority for all of us at Citibank®. We are providing this privacy notice to individual clients who purchase products or receive services from us for personal, family or household purposes ("you"). We hope this helps you understand how we handle the personal information about you that we collect and may disclose. This notice also tells you how you can limit our disclosure of personal information about you. The provisions of this notice will apply to former clients as well as our current clients unless we state otherwise.

When Citibank shares personal information with the Citigroup family of companies it can make it easier when you apply for accounts or services from these companies. In addition, sharing personal information can help you receive timely notice about products, services or other special offers that may be of interest to you from companies in the Citigroup family or from nonaffiliated third parties.

Our Policies and Practices to Protect Your Personal Information

We protect personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law. Third parties who have access to personal information must agree to follow appropriate standards of security and confidentiality.

We train people who work for us how to properly handle personal information and we restrict access to it. And, as a current client, you can rely on the Citigroup Privacy Promise for Consumers that we follow as a member of the Citigroup family of companies. It is found on the reverse side of this notice.

Categories of Personal Information We Collect and May Disclose:

The personal information we collect about you comes from the following sources:

- Information we receive from you on applications or other forms, such as name, address, social security number, telephone number, occupation, assets and income,
- Information about your transactions with us, our affiliates, or nonaffiliated third parties, such as account balances, payment history, and account activity,
- Information we receive from a consumer reporting agency, such as your credit bureau reports and other information relating to your credit worthiness, and
- Information we receive about you from other sources, such as your employer and other third parties.

We may disclose any of the above information that we collect to affiliates and nonaffiliated third parties as described below.

Categories of Affiliates To Whom We May Disclose Personal Information

Our affiliates are the family of companies controlled by Citigroup Inc. We may share personal information about you with affiliates in several different lines of business including banking, credit cards, consumer finance, securities, and insurance. Our affiliates do business under names that include CitiFinancial, Travelers Insurance, Salomon Smith Barney, and Primerica.

**All references in this notice to Citibank refer to either Citibank, N.A., Citibank, F.S.B., Citibank (New York State) or Citibank (Nevada), N.A., depending upon which bank is maintaining your account or providing you with products or services.*

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Categories of Nonaffiliated Third Parties To Whom We May Disclose Personal Information

Nonaffiliated third parties are those not part of the family of companies controlled by Citigroup Inc. We may disclose personal information about you, to the following types of nonaffiliated third parties:

- Financial services providers, such as companies engaged in banking, credit cards, consumer finance, securities, and insurance,
- Non-financial organizations, such as companies engaged in direct marketing and the selling of consumer products and services.

If you check **Box 1** on the **Privacy Choices Form**, we will not make these disclosures except as follows. First, we may disclose information about you, as described above in "Categories of Personal Information We Collect and May Disclose," to third parties that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements. Second, we may disclose personal information about you to third parties as permitted by law, including disclosures necessary to process and service your account, to protect against fraud, and to protect the security or confidentiality of our records.

YOUR PRIVACY CHOICES

This section describes your privacy choices. Please remember that we will continue to protect your personal information regardless of your privacy choices.

Disclosing to Nonaffiliated Third Parties (Box 1)

As described in this notice, we will limit the personal information we disclose about you to nonaffiliated third parties if you check **Box 1** on the **Privacy Choices Form**.

Sharing with Our Affiliates (Box 2)

The law allows us to share with our affiliates any information about our transactions or experiences with you. Unless otherwise permitted by law, we will not share with our affiliates other information that you provide to us or that we obtain from third parties (for example, credit bureaus) if you check **Box 2** on the **Privacy Choices Form**.

If you are also a customer of other Citigroup affiliates and you receive a notice of their intent to share certain information about you, you will need to separately notify them if you do not want such information shared.

Our Mailing and Telemarketing Lists (Boxes 3 and 4)

We would like to keep you informed about promotional offers from our affiliates and from nonaffiliated third parties. If you wish to be taken off our Citibank mailing and/or telephone lists that we use for such offers, please check **Box 3** and/or **Box 4** on the **Privacy Choices Form**.

We will continue to mail you information that you may find valuable in managing your Citibank account, such as the availability of special offers, credit line increases, and new or upgraded Citibank products or services even if you have checked **Box 3**. We may also send you promotional offers from third parties in communications that you receive from us concerning your Citibank account, such as your periodic statement.

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Citigroup Privacy Promise for Consumers

While information is the cornerstone of our ability to provide superior service, our most important asset is our customers' trust. Keeping customer information secure, and using it only as our customers would want us to, is a top priority for all of us at Citigroup. Here, then, is our promise to our individual customers:

1. We will safeguard, according to strict standards of security and confidentiality, any information our customers share with us.
2. We will limit the collection and use of customer information to the minimum we require to deliver superior service to our customers, which includes advising our customers about our products, services and other opportunities, and to administer our business.
3. We will permit only authorized employees, who are trained in the proper handling of customer information, to have access to that information. Employees who violate our Privacy Promise will be subject to our normal disciplinary process.
4. We will not reveal customer information to any external organization unless we have previously informed the customer in disclosures or agreements, have been authorized by the customer, or are required by law.

We will always maintain control over the confidentiality of our customer information. We may, however, facilitate relevant offers from reputable companies. These companies are not permitted to retain any customer information unless the customer has specifically expressed interest in their products or services.

We will tell customers in plain language initially, and at least once annually, how they may remove their names from marketing lists. At any time, customers can contact us to remove their names from such lists.

7. Whenever we hire other organizations to provide support services, we will require them to conform to our privacy standards and to allow us to audit them for compliance.
8. For purposes of credit reporting, verification and risk management, we will exchange information about our customers with reputable reference sources and clearinghouse services.
9. We will not use or share – internally or externally – personally identifiable medical information for any purpose other than the underwriting or administration of a customer's policy, claim or account, or as disclosed to the customer when the information is collected, or to which the customer consents.
10. We will attempt to keep customer files complete, up to date, and accurate. We will tell our customers how and where to conveniently access their account information (except when we're prohibited by law) and how to notify us about errors which we will promptly correct.

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Citibank, N.A., Citibank, F.S.B.,
Citibank (New York State), Citibank (Nevada), N.A.
Citibank is a registered service mark of Citicorp.

BOYKIN

Reference #: 101080702338000

PRIVACY CHOICES FORM

If you want to limit disclosures of personal information about you as described in this notice, just check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

1. ☐ Limit the disclosure of personal information about me to nonaffiliated third parties.
2. ☐ Limit the personal information about me that you share with Citigroup affiliates.
3. ☐ Remove my name from your mailing lists used for promotional offers.
4. ☐ Remove my name from your telephone marketing lists used for promotional offers.

My Citibank® Banking Card or Citibank account number is:

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

If you have checked any of the boxes above, please mail this form in a stamped envelope to:

Citibank Processing Center
CN 3178
Mail Stop CBL
South Hackensack, NJ 07606

*Please allow approximately 30 days from our receipt of your privacy choices for them to become effective.
Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.*



LOAN SERVICING NOTICE

Customer Name: YVETTE BOYKIN

Loan No.: 3007551702

Thank you for giving Citibank the opportunity to help you with your home financing. As a valued customer, we want you to know that you will receive prompt and professional service throughout the term of your mortgage.

Upon the expiration of your rescission period, Citibank,
15851 Clayton Road, Ballwin, MO 63011,
will service your loan.

You can contact Citibank's Customer Service Department at 1-800-685-0935, if you have any questions about the assignment of servicing for your mortgage loan. Citibank will begin accepting mortgage loan payments from you at the address shown on your monthly statement.

If you prefer, you may make your mortgage payments at any Citibank branch location.

If you have purchased any optional insurance coverage such as mortgage credit life or disability insurance, it will not be affected by the assignment of servicing of your loan. All insurance premiums for optional insurance are included in the monthly payment you will send to Citibank.

The assignment of the servicing of your mortgage loan does not affect any term or condition of your mortgage loan other than terms directly related to the servicing of such loan.

Again, thank you for the opportunity to serve you!

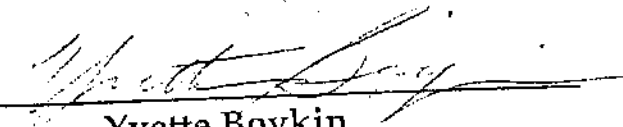
POWER OF ATTORNEY

STATE OF GEORGIA

COUNTY OF DEKALB

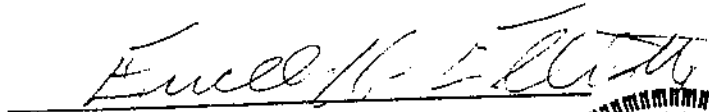
KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, have constituted and appointed, and by this instrument do hereby constitute and appoint CASSANDRA ANISE BOYKIN of 33 Locust Street, Buffalo, New York 14204, County of Erie, as my attorney in fact for me and in my name and stead to make business decisions concerning me and my real estate listed herein:

REAL ESTATE: To act on my behalf for closing a Citibank home equity line of credit, as originated by American Equity Services, Inc. of Cheektowaga, New York, for my real estate: property located at 81 Walden Avenue, Buffalo, New York 14211, County of Erie. To have full authority to sign all necessary and appropriate documents, and make any other transactions in connection with closing the loan for said property.

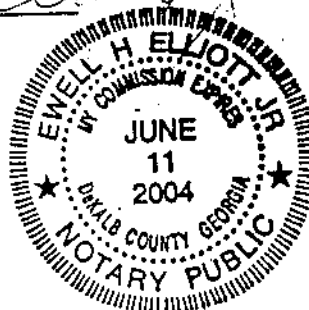

Yvette Boykin

Subscribed and sworn to before me

this 11th day of Sept, 2001


Notary Public

My Commission expires:



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P0034



AMERICAN EQUITY SERVICES, INC.

New York State Banking Department
Registered Mortgage Broker

(716) 626-0083 phone (716) 362-3113 fax

2 August 2001

Ms. Yvette Boykin
4045 Rookey Valley Road
Conley, GA 30288

Dear Ms. Boykin:

Thank you for choosing American Equity Service, Inc. for your current financing needs.

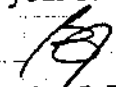
We have reviewed your credit, income and subject property value and are pleased to advise that you have been pre-qualified for the following mortgage financing:

Loan Type: HELOC Home Improvement Line of Credit
Line Amount: \$25,000
Interest Rate: Prime minus (-) .25 [currently = 6.5% for 1st six months]
Prime plus (+) 1.25 [currently = 8.0% thereafter]
Term: Revolving for 10 years
Converted to amortized 20 year loan thereafter

Total Closing Costs: \$1,500 (includes our fee and can be taken from the loan proceeds)

Thank you again for your kind consideration; I look forward to arranging a convenient time to complete your application and arrange the closing which is expected to be approximately three weeks from your formal application.

At your service,


Bernice J. Kelley
Sr. Mortgage Consultant
American Equity Service Inc.

GOOD FAITH ESTIMATE

Applicants: **YVETTE BOYKIN**
 Property Addr: **81 WALDEN AVE, BUFFALO, NY 14211**
 Prepared By: **AMERICAN EQUITY SERVICES, INC. Ph. 716-626-0083**
300 CAYUGA ROAD, CHEEKTOWAGA, NY 14225

Application No: **00003253**
 Date Prepared: **08/03/2001**
 Loan Program:

The information provided below reflects estimates of the charges which you are likely to incur at the settlement of your loan. The fees listed are estimates-actual charges may be more or less. Your transaction may not involve a fee for every item listed. The numbers listed beside the estimates generally correspond to the numbered lines contained in the HUD-1 settlement statement which you will be receiving at settlement. The HUD-1 settlement statement will show you the actual cost for items paid at settlement.

Total Loan Amount \$ **25,000** Interest Rate: **8.000 %** Term: **180 / 180** mths.

900 ITEMS PAYABLE IN CONNECTION WITH LOAN				
901	Loan Origination Fee		\$	PFC
902	Loan Discount			
903	Appraisal Fee			
904	Credit Report			
905	Lender's Inspection Fee			
908	Mortgage Broker Fee			
909	Tax Related Service Fee			
910	Processing Fee			PFC
911	Underwriting Fee			
912	Wire Transfer Fee			PFC
	APPLICATION FEE			

1100 TITLE CHARGES				
1101	Closing or Escrow Fee:		\$	PFC
1105	Document Preparation Fee			
1106	Notary Fees			
1107	Attorney Fees			
1108	Title Insurance:			
	TITLE SEARCH			
	TITLE EXAMINATION			

1200 GOVERNMENT RECORDING & TRANSFER CHARGES				
1201	Recording Fees:		\$	
1202	City/County Tax/Stamp:			
1203	State Tax/Stamp:			

1300 ADDITIONAL SETTLEMENT CHARGES				
1302	Pest Inspection		\$	
	Flood Cert.			

Estimated Closing Costs

900 ITEMS REQUIRED BY LENDER TO BE PAID IN ADVANCE				
901	Interest for	days @ \$	5,4795	per day \$
902	Mortgage Insurance Premium			
903	Hazard Insurance Premium			
904				
905	VA Funding Fee			

1000 RESERVES DEPOSITED WITH LENDER				
1001	Hazard Insurance Premiums	months @ \$	27.00	per month \$
1002	Mortgage Ins. Premium Reserves	months @ \$		per month
1003	School Tax	months @ \$		per month
1004	Taxes and Assessment Reserves	months @ \$	178.00	per month
1005	Flood Insurance Reserves	months @ \$		per month
		months @ \$		per month
		months @ \$		per month

Estimated Prepaid Items/Reserves

TOTAL ESTIMATED SETTLEMENT CHARGES				
COMPENSATION TO BROKER (Not Paid Out of Loan Proceeds)			\$	

TOTAL ESTIMATED FUNDS NEEDED TO CLOSE			TOTAL ESTIMATED MONTHLY PAYMENT	
Purchase Price/Payoff	\$		Principal & Interest	\$ 238.91
Base Loan Amount	25,000.00		Other Financing (P & I)	27.00
MIP/FF Financed	0.00		Hazard Insurance	178.00
Total Loan Amount	25,000.00		Real Estate Taxes	
Amount Paid by Seller			Mortgage Insurance	
Estimated Closing Costs			Homeowner Assn. Dues	
Estimated Prepaid Items/Reserves			Other	
Total Est. Funds to You			Total Monthly Payment	443.91

☒ This Good Faith Estimate is being provided by **American Equity Svcs., Inc.**, a mortgage broker, and no lender has been obtained. A lender will provide you with an additional Good Faith Estimate within three business days of the receipt of your loan application. These estimates are provided pursuant to the Real Estate Settlement Procedures Act of 1974, as amended (RESPA). Additional information can be found in the HUD Special Information Booklet, which is to be provided to you by your mortgage broker or lender. If your application is to purchase residential real property and the lender will take a first lien on the property, The undersigned acknowledges receipt of the booklet "Settlement Costs," and if applicable the Consumer Handbook on ARM Mortgages.

Applicant: **YVETTE BOYKIN**

Date: **8/6/01**

Applicant

Date

180036

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

(THIS IS NEITHER A CONTRACT NOR A COMMITMENT TO LEND)

Applicants: YVETTE BOYKIN

Prepared By: AMERICAN EQUITY SERVICES, INC.

Property Address: 81 WALDEN AVE
BUFFALO, NY 14211300 CAYUGA ROAD
CHEEKTOWAGA, NY 14225
716-626-0083

Application No: 00003253

Date Prepared: 08/03/2001

Check box if applicable:

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate	FINANCE CHARGE The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments The amount you will have paid after making all payments as scheduled
8.000 %	\$ 18,004.90	\$ 25,000.00	\$ 43,004.90

☐ REQUIRED DEPOSIT: The annual percentage rate does not take into account your required deposit
 PAYMENTS: Your payment schedule will be:

Number of Payments	Amount of Payments**	When Payments Are Due	Number of Payments	Amount of Payments**	When Payments Are Due	Number of Payments	Amount of Payments**	When Payments Are Due
179	238.91	Monthly Beginning			Monthly Beginning			Monthly Beginning
1	240.01							

- ☐ DEMAND FEATURE: This obligation has a demand feature.
☐ VARIABLE RATE FEATURE: This loan contains a variable rate feature. A variable rate disclosure has been provided earlier.

CREDIT LIFE/CREDIT DISABILITY: Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.

Type	Premium	Signature
Credit Life	NA	I want credit life insurance. X
Credit Disability	NA	I want credit disability insurance. X
Credit Life and Disability	NA	I want credit life and disability insurance. X

INSURANCE: The following insurance is required to obtain credit:

- ☐ Credit life insurance ☐ Credit disability ☐ Property insurance ☐ Flood insurance

You may obtain the insurance from anyone you want that is acceptable to creditor

- ☐ If you purchase ☐ property ☐ flood insurance from creditor you will pay \$ for a one year term.

SECURITY: You are giving a security interest in:

- ☐ The goods or property being purchased ☐ Real property you already own.

FILING FEES: \$

LATE CHARGE: If a payment is more than days late, you will be charged % of the payment

PREPAYMENT: If you pay off early, you

- ☒ may ☐ will not have to pay a penalty.
☐ may ☒ will not be entitled to a refund of part of the finance charge.

ASSUMPTION: Someone buying your property

- ☒ may ☐ may, subject to conditions ☐ may not assume the remainder of your loan on the original terms.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date and prepayment refunds and penalties

- ☐ * means an estimate ☐ all dates and numerical disclosures except the late payment disclosures are estimates.

THE UNDERSIGNED ACKNOWLEDGE RECEIVING A COMPLETED COPY OF THIS DISCLOSURE.

Yvette Boykin 8/6/01
 (Applicant) (Date)
 _____ (Applicant) (Date)
 _____ (Applicant) (Date)
 _____ (Lender) (Date)

P0037

BROKER POINT PROGRAMBORROWER ACKNOWLEDGEMENT AND CONSENT FORMBoykin
Borrower's Last NameYvette
First Name_____
Loan Reference Number

1. I hereby represent to the lender who originates my home equity line of credit (the "Lender") that I have entered into an agreement with American Equity Svcs ("Mortgage Broker") under which the Mortgage Broker agreed to assist me in obtaining a home equity line of credit. Pursuant to that agreement and in consideration for those mortgage broker services, I have agreed to pay the Mortgage Broker a mortgage brokerage fee in the amount of \$ 1000.00. I acknowledge that the mortgage brokerage fee is not being required or imposed by the Lender (Citibank).
2. Unless I subsequently advise the Lender otherwise, I hereby authorize the Lender to pay the mortgage brokerage fee to the Mortgage Broker out of the Home Equity Line of Credit at the earliest time permitted by applicable law. I acknowledge that I will be required to pay this fee which will be debited against my home equity line of credit according to the terms of the agreement governing the Home Equity Line of Credit.
3. I authorize the Lender to provide the Mortgage Broker with reports on the status of the home equity line of credit application I am submitting or have submitted to the Lender. I understand that these status reports may, but will not necessarily, include a description of the action the Lender has taken on waiving any privacy rights, which will be afforded to me under state laws.

6 August 2001
DateYvette Boykin
Applicant_____
Date_____
ApplicantBORROWERS CONFIRMED AND AUTHORIZED AT THE TIME OF THE CLOSING
OF THE HOME EQUITY LINE OF CREDIT.

Date

Applicant

Date

Applicant

P0038

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when ☐ the income or assets of a person other than the "Borrower" (including the Borrower's spouse) will be used as a basis for loan qualification or ☐ the income or assets of the Borrower's spouse will not be used as a basis for loan qualification, but his or her liabilities must be considered because the Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

I. TYPE OF MORTGAGE AND TERMS OF LOAN

Mortgage Applied for:	<input type="checkbox"/> V.A. <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Other:	Agency Case Number	Lender Case Number
Amount	Interest Rate	No. of Months	Amortization Type
\$ 25,000	8.000%	180/180	<input type="checkbox"/> Fixed Rate <input checked="" type="checkbox"/> Other (explain): HELOC
			<input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (street, city, state, ZIP)	No. of Units
81 WALDEN AVE, BUFFALO, NY 14211 County: ERIE	2
Legal Description of Subject Property (attach description if necessary)	Year Built
SEE PRELIMINARY TITLE REPORT	

Purpose of Loan	Property will be:
<input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Other (explain): HELOC	<input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment
<input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	

Complete this line if construction or construction-permanent loan.

Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot	(b) Cost of Improvements	Total (a+b)
\$	\$	\$	\$	\$	\$

Complete this line if this is a refinance loan.

Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance	Describe Improvements	Cost \$
1984	\$ 15,000	\$ 6,164	Cash-Out/Other	<input type="checkbox"/> made <input type="checkbox"/> to be made	

Title will be held in what Name(s)	Manner in which Title will be held	Estate will be held in:
YVETTE BOYKIN	SINGLE WOMAN	<input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)

Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain)

EQUITY

III. BORROWER INFORMATION

Borrower				Co-Borrower			
Borrower's Name (include Jr. or Sr. if applicable)				Co-Borrower's Name (include Jr. or Sr. if applicable)			
YVETTE BOYKIN							
Social Security Number	Home Phone (incl. area code)	Age	Yrs. School	Social Security Number	Home Phone (incl. area code)	Age	Yrs. School
	716-854-3747	53	16				
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	Dependents (not listed by Co-Borrower) no. ages	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	Dependents (not listed by Borrower) no. ages				
Present Address (street, city, state, ZIP)	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent	17 No. Yrs.	Present Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Yrs.		
81 WALDEN AVE BUFFALO, NY 14211							

If residing at present address for less than two years, complete the following:

Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Yrs.	Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Yrs.
Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Yrs.	Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	No. Yrs.

IV. EMPLOYMENT INFORMATION

Borrower		Co-Borrower	
Name and Address of Employer	<input type="checkbox"/> Self Employed	Name and Address of Employer	<input type="checkbox"/> Self Employed
RETIRED			
Yrs. on this job	Yrs. employed in this line of work/profession	Yrs. on this job	Yrs. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name and Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)	Name and Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)
Monthly Income			Monthly Income		
\$			\$		
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)		
Name and Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)	Name and Address of Employer	<input type="checkbox"/> Self Employed	Dates (from-to)
Monthly Income			Monthly Income		
\$			\$		
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)		

P0039

V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION						
Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$	Rent	\$	\$
Overtime				First Mortgage (P&I)	230.00	238.91
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance	27.00	27.00
Dividends/Interest				Real Estate Taxes	178.00	178.00
Net Rental Income	450.00		450.00	Mortgage Insurance		
Other (before completing, see the notice in "describe other income," below)	3,153.00		3,153.00	Homeowner Assn. Dues		
Total	\$ 3,603.00	\$	\$ 3,603.00	Other		
				Total	\$ 435.00	\$ 443.91

*Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower(B) or Co-Borrower(C) does not choose to have it considered for repaying this loan.

B/C		Monthly Amount
B	Pension/Retirement Income	\$ 2,216.00
B	Social Security/Disability Income	937.00

VI. ASSETS AND LIABILITIES

This statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-borrowers. If their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Borrower section was completed about a spouse, this Statement and supporting schedules must be completed about that spouse also.

Completed ☐ Jointly ☒ Not Jointly

ASSETS		Cash or Market Value	LIABILITIES	
Description			Name and address of Company	Monthly Payt. & Mos. Left to Pay
Cash deposit toward purchase held by:	\$		PEACHTREE FEDERAL CR	\$ 306 /48
List checking and savings accounts below			Acct. no. 103680201	11,370
Name and address of Bank, S&L, or Credit Union			Acct. no. 95810090	1,622
KEY BANK			Acct. no. 9581009	1,462
Acct. no. CHECKING	\$ 2,000		Acct. no. 22423200	323
Name and address of Bank, S&L, or Credit Union			Acct. no. 118207364020	184
EXCEL FCUNION			Acct. no. 4330060000362241	148
Acct. no. SAVINGS	\$ 5,000		Acct. no. 7001321102	51
Name and address of Bank, S&L, or Credit Union			Acct. no. 7001321102	51
WACHOVIA BANK			Acct. no. 7001321102	51
Acct. no. SAVINGS	\$ 3,000		Acct. no. 7001321102	51
Name and address of Bank, S&L, or Credit Union			Acct. no. 7001321102	51
ASSOCIATED FCUNION			Acct. no. 7001321102	51
Acct. no. CHECKING	\$ 2,500		Acct. no. 7001321102	51
Stocks & Bonds (Company name/number & description)			Acct. no. 7001321102	51
US SAVINGS BONDS	5,000		Acct. no. 7001321102	51
RETIREMENT FUND	105,000		Acct. no. 7001321102	51
Life Insurance net cash value			Acct. no. 7001321102	51
Face amount: \$	\$ 100,000		Acct. no. 7001321102	51
Subtotal Liquid Assets	\$ 222,500		Acct. no. 7001321102	51
Real estate owned (enter market value on schedule of real estate owned)	\$ 148,000		Acct. no. 7001321102	51
Invested interest in retirement fund	\$		Acct. no. 7001321102	51
Net worth of business(es) owned (attach financial statement)	\$		Acct. no. 7001321102	51
Automobiles owned (make and year)	\$		Acct. no. 7001321102	51
Other Assets (itemize)	\$		Acct. no. 7001321102	51
Total Assets a.	\$ 370,500		Total Monthly Payments	\$ 531
			Net Worth (a-b)	\$ 285,519
			Total Liabilities b.	\$ 84,588

P.0040

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
81 WALDEN AVE BUFFALO, NY 14211	SFR	\$ 48,000	\$ 6,164	\$ 600	\$ 230	\$ INC	\$ 450
4045 ROCKY VALLEY DRIVE CONLEY, GA 30288	SFR	100,000	63,264	0	484	INC	0
	Totals	\$ 148,000	\$ 69,428	\$ 600	\$ 714	\$	\$ 450

Alternate Name	Creditor Name	Account Number
----------------	---------------	----------------

VIII. DECLARATIONS

		Borrower		Co-Borrower
		Yes	No	Yes No
a. Purchase price			<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Alterations, improvements, repairs		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Land (if acquired separately)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Refinance (incl. debt to be paid off)	6,164.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Estimated prepaid items		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Estimated closing costs				
g. PMI, MIP, Funding Fee				
h. Discount (if Borrower will pay)				
i. Total costs (add items a through h)	6,164.00			
j. Subordinate financing				
k. Borrower's closing costs paid by Seller				
l. Other Credits(explain)				
m. Loan amount (exclude PMI, MIP, Funding Fee financed)	25,000.00			
n. PMI, MIP, Funding Fee financed				
o. Loan amount (add m & n)	25,000.00			
p. Cash from/to Borrower (subtract i, k, l & o from l)	(18,836.00)			

If you answer "Yes" to any questions a through l, please use continuation sheet for explanation.

a. Are there any outstanding judgments against you?

b. Have you been declared bankrupt within the past 7 years?

c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?

d. Are you a party to a lawsuit?

e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action.)

f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation bond, or loan guarantee? If "Yes," give details as described in the preceding question.

g. Are you obligated to pay alimony, child support, or separate maintenance?

h. Is any part of the down payment borrowed?

i. Are you a co-maker or endorser on a note?

j. Are you a U. S. citizen?

k. Are you a permanent resident alien?

l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below.

m. Have you had an ownership interest in a property in the last three years?

(1) What type of property did you own-principal residence (PR), second home (SH), or investment property (IP)?

(2) How did you hold title to the home-solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?


PR/IP

S

IX. ACKNOWLEDGMENT AND AGREEMENT

The undersigned specifically acknowledge(s) and agree(s) that: (1) the loan requested by this application will be secured by a first mortgage or deed of trust on the property described herein; (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) occupation of the property indicated above; (5) verification or reverification of any information contained in the application may be made at any time; (6) the Lender, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the loan is not approved; (6) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to closing; (7) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns, may, in addition to all their other rights and remedies, report my/our name(s) and account information to a credit reporting agency; (8) ownership of the loan may be transferred to successor or assign of the Lender without notice to me and/or the administration of the loan account may be transferred to an agent, successor or assign of the Lender with prior notice to me; (9) the Lender, its agents, successors and assigns shall have no representations or warranties, express or implied, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Borrower's Signature	Date	Co-Borrower's Signature	Date
X 		X	

Y INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling. In order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosure satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

Borrower

☐ I do not wish to furnish this information
 Race/National Origin: ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander
☐ Black, not of Hispanic origin ☒ Hispanic ☐ White, not of Hispanic origin
☐ Other (specify) _____

Sex: ☒ Female ☐ Male

To be Completed by Interviewer

This application was taken by:

☐ face-to-face interview

☐ face-to-face☐ by mail

CO-BORROWER

☐ I do not wish to furnish this information

Race/National Origin: ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander
☐ Black, not of Hispanic origin ☐ White, not of Hispanic origin
☐ Hispanic ☐ Other (specify) _____

Sex: ☐ Female ☐ Male

SEX:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name and Address Interviewer's Employer		

AMERICAN EQUITY SERVICES, INC.

AMERICAN EQUITY SERVICE
300 CAYUGA ROAD

Date 300 CAYUGA RO
DATEKTONUSA

8/6/01 CHEEKTOWAGA

(P) 716-626-0083

Freddie Mac Form 65 10/92
CALYX Form 1003 Loanapp3.hp 2/95

POD 4/

Continuation Sheet/Residential Loan Application

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark B for Borrower or C for Co-Borrower.

Borrower:	YVETTE BOYKIN
Co-Borrower:	

Agency Case Number:

Lender Case Number:	
----------------------------	--

VI. ASSETS AND LIABILITIES

[illegible]

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature:

Date _____

Co-Borrower's Signature:

Date _____

X *Walter D...*

X

FD-302 (Rev. 10-6-95)



Dear Customer:

Thank you for choosing Citibank for your financial needs.

All checks issued are accruing interest as of the funding date of your loan.

- ☒ Payoff check(s) have been sent to the creditor to payoff a lien on your property. 6/14/7.69
- ☐ Check(s) made payable to you and the creditor(s) for debt consolidation. Please endorse the back of the check, **write the account number(s) to be paid off on the front and immediately** forward the check to the creditor.
- ☐ A check made payable to you for the balance of the minimum utilization requirement.
- ☒ A check made payable to you for the balance of the loan.
- ☐ Check(s) for the broker point fee has been sent to the broker on your behalf.
- ☐ Funds have been directly deposited into your account, per your request.
- ☐ Funds have been wired to your account as per your request; the fee that the Title Company charges has been deducted from the wire.
- ☐ Enclosed are five starter checks for your convenience. The initial checkbook, containing 20 checks, will arrive in approximately 7 to 10 business days.
- ☐ Enclosed are 4 starter checks for your convenience. The initial checkbook, containing 12 checks, will arrive in approximately 7 to 10 business days. Your credit card will arrive within 3 to 5 business days from the date of rescission. Upon receipt of your card, please contact Citibank USA at (800) 541-2835 to activate the credit card.
- ☐ Your credit card will arrive within 3 to 5 business days from the date of rescission. The initial checkbook, containing 12 checks, will arrive in approximately 7 to 10 business days. Upon receipt of your card, please contact Citibank USA at (800) 541-2835 to activate the credit card.

Should you have any questions or concerns please call our customer service department at (800) 456-4510 or (800) 925-2484.

Sincerely,

Reggy Rager
Citibank

Closing Department

Heloc/Frehl/Esa/Ocard Welcome Letter - 6/01

Boylkin
0043

ExpressClose.com

Citibank Funding Account
935 East 53rd Street
Davenport, IA 52807
800-732-5361

Pay to the Order of

WETTE BOYKIN
4045 ROCKY VALLEY DR
CONLEY, GA

National City Bank
6 North Main Street
Dayton, OH 45424
937-226-2129

29457

28-1446

THIS CHECK IS VOID IF ANY OF THE FOLLOWING IS TRUE:
1. THE CHECK IS COPIED, REPRODUCED, OR REPRODUCED BY ANY MEANS.
2. THE CHECK IS ALTERED, REPRODUCED, OR REPRODUCED BY ANY MEANS.
3. THE CHECK IS FORWARDED TO ANY OTHER PARTY.
4. THE CHECK IS FORWARDED TO ANY OTHER PARTY.
5. THE CHECK IS FORWARDED TO ANY OTHER PARTY.

Exactly

Eighteen Thousand Eight Hundred Fifty-Two & 31/100
Dollars

09/28/01

\$18,852.31

⑈029457⑈ ⑆04400001⑆ ⑆85203942⑈



Security Features Included. Details on back.

P0044

96502

National Archives Trust Fund

1557 St. Joseph
East Point, GA 30344
(404) 763-7474

Paper-paper copy: onsite
RF0003 9@ 0.50
9.00 ITEMS SUBTOT/
TOTAL
Cash
Change Due

\$4.50
\$4.50
\$4.50
\$4.50
\$0.00

NRCANV0083771

LOC. NRCA WKS NRCA1
OPER: progers SLS PROGRS
DATE: 10/29/03 TIME: 2:38 10 PM
CUSTOMER ACCOU WALKINNRCA

Ready Access to
Essential Evidence

EXHIBIT NO.2

P0045

Ames E. B. Clarke

PHOENIX POSTAL STORE
ATLANTA, Georgia
303039997
09/19/2001 (800)275-8777 04:28:31 PM

Sales Receipt			
Product	Sale	Unit	Final
Description	Qty	Price	Price

BUFFALO NY 14211 Express			\$12.45
Mail PO-ADD			

Serial Number ET065324748US
Nextday Noon /Normal
Delivery

Issue PVI: \$12.45

Refund PVI			-\$12.45
BUFFALO NY 14204 Express			\$12.45
Mail PO-ADD			

Serial Number ET065324751US
Nextday Noon /Normal
Delivery

Issue PVI: \$12.45

BUFFALO NY 14225 Express			\$12.45
Mail PO-ADD			

Serial Number ET065324748US
Nextday Noon /Normal
Delivery

Issue PVI: \$12.45

Total: \$24.90

Paid by:			
Cash			\$25.00
Change Due:			-\$0.10

Bill#: 1000400286984
Clerk: 19

Thank you for your business

P0046

7001 0360 0002 9532 3911

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)**

OFFICIAL USE

Postage	\$ 40.57
Certified Fee	\$2.10
Return Receipt Fee (Endorsement Required)	\$1.50
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 44.17

Sent to: *Office of the Legislature of Maryland*
 Street, Apt. No.,
 or PO Box No. *1301 McKeenway Building*
 City, State, ZIP+4 *Annapolis, MD 21401*

PS Form 3800, January 2001 See Reverse for Instructions

DEC 10 2001
 25 Postmark
 10/20/2001
 WESLEY CHAPMAN

P0047



EXPRESS MAIL

UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE



* E U O 7 4 2 7 0 2 5 7 U S *

ORIGIN (POSTAL USE ONLY)

ZIP Code 30317	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope	
Date 9/23/02	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$24.20	
City Decatur	Military	Return Receipt Fee	
AM <input type="checkbox"/> PM <input type="checkbox"/>	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee	
gls 10.5	Int'l Alpha Country Code	COD Fee	Insurance Fee
Delivery	Acceptance Clerk Initials V/M	Total Postage & Fees \$24.20	
Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>			

**SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS**



Customer Copy
Label 11-B May 2001

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT		Federal Agency Acct. No. or Postal Service Acct. No.	
Business Mail Corporate Acct. No.			
FROM: (PLEASE PRINT)	PHONE 404-314-3903	TO: (PLEASE PRINT)	PHONE 716-840-0001
YVETTE BOYKIN 4045 ROCKY VALLEY DR Decatur, GA 30038		BARBARA SIMS, ESQ. McKee, Sims, Davis & Lutz LLP 120 Delaware 118 W. Mohawk St 3rd Floor Buffalo, New York	
ZIP + 4		ZIP + 4	
1 4 2 0 2 +		1 4 2 0 2 +	

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



DATE 07/23/02 23-901300699-01 TIME 13:27
4104710777

U.S. POSTAL SERVICE #1204440451
2853 CANDLER RD
DECATUR, GA 30034

TRAN # 532 CLERK ID 72 AUTH 531515

AMERICAN EXPRESS SALE

ACCT. NUMBER 372522242321001 EXP 1203

TOTAL \$24.20

SIGNATURE [Signature]

WE DELIVER FOR YOU

TOP COPY : U'S POSTAL SERVICE

P0048

7003 1680 0004 4552 1620

7003 1680 0004 4552 1637

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

WASHINGTON DC 20410

Postage	\$ 1.06
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.11



Sent to *U.S. Dept. HUD Secretary*
 Street, Apt. No. *451 Seventh St. SW*
 or PO Box No. *Washington DC 20440*
 City, State, ZIP+4

PS Form 3800, June 2002

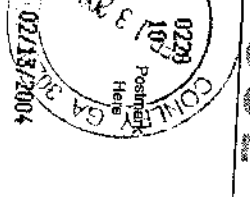
See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

BUFFALO NY 14202

Postage	\$ 1.29
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.34



Sent to *U.S. Attorney's Office*
 Street, Apt. No. *138 Delaware Ave*
 or PO Box No. *Buffalo NY 14202*
 City, State, ZIP+4

PS Form 3800, June 2002

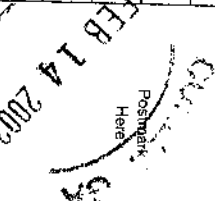
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

BUFFALO NY 14202

Postage	\$ 0.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.42



Sent to *Mustate Blackwood Plaza*
 Street, Apt. No. *4045 Rockery Valley Dr*
 or PO Box No. *Conley, GA 30288*
 City, State, ZIP+4

PS Form 3800, May 2000

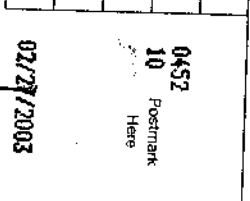
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

BUFFALO NY 14202

Postage	\$ 0.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 4.42



Sent to *Mustate Blackwood Plaza*
 Street, Apt. No. *4045 Rockery Valley Dr*
 or PO Box No. *Conley, GA 30288*
 City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

DEPT OF JUSTICE
 Federal Bureau of Investigation
 300 3-9998
 (404) 275-8777

16 Feb 2004 11:44:42 AM

Product: Sales Receipt
 Date: 02/13/04
 Description: 017 Price

HOLSTON TX 77010
 Return Receipt
 Certified
 Label Serial #: 401030400095020911

Issue PVI: \$4.17

First-Class: \$4.04

Return Receipt: \$1.50
 Certified: \$2.10
 Label Serial #: 401030400095020911

Issue PVI: \$3.94

BUFFALO NY 14202
 First-Class: \$0.17

Issue PVI

Total:

Paid by: Credit Card

Bill #: 1000500477503
 Clerk: 10

Thank you for your business

00049

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.06
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.11

Postmark Here
FEB 13 2004
02/13/2004
0220 10
US

Sent To: *Commissioner, NYS Dep. of Human Rights*
Street, Apt. No. or PO Box No.: *One Fordham Place, 4th Floor*
City, State, ZIP+4: *Bronx, NY 10458*

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.06
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 3.36

Postmark Here
FEB 13 2004
02/13/2004
0220 10
US

Sent To: *U.S. District Court*
Street, Apt. No. or PO Box No.: *8 Court St.*
City, State, ZIP+4: *Bklyn, NY 11202*

PS Form 3800, June 2002

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.06
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.11

Postmark Here
FEB 13 2004
02/13/2004
0220 10
US

Sent To: *Attorney General US DOJ*
Street, Apt. No. or PO Box No.: *950 Pennsylvania Ave*
City, State, ZIP+4: *Washington, DC 20530-0004*

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.06
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.11

Postmark Here
FEB 13 2004
02/13/2004
0220 10
US

Sent To: *KeyCorp*
Street, Apt. No. or PO Box No.: *127 Public Sq.*
City, State, ZIP+4: *Cleveland, OH 44114-1306*

PS Form 3800, June 2002



ER 915711823 US



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

GIN (POSTAL USE ONLY)

Day of Delivery	Flat Rate Envelope
Mo. Day Year 30 04 2004	Postage \$ 13.65
Day of Delivery Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Return Receipt Fee
Time 12 Noon <input checked="" type="checkbox"/> 3 PM <input type="checkbox"/>	COD Fee
Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	Insurance Fee
Int'l Alpha Country Code	Acceptance Clerk Initials 28
View end <input type="checkbox"/> Holiday	Total Postage & Fees \$ 13.65

JM: (PLEASE PRINT)

PHONE ()

Kette Boykin
4045 Rocky Valley Dr
Conley, GA 30288

OR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



ESS HARD. You are making 3 copies.

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. ☐ WAIVER OF SIGNATURE (Domestic Only)
Additional merchandise insurance is void if waiver of signature is requested.
Federal Agency Acct. No. or
Postal Service Acct. No. ☐ I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

☐ Weekend ☐ Holiday ☐ Customer Signature

TO: (PLEASE PRINT)

PHONE ()

U.S. District Clerk
Western District of New York
Buffalo Division, Office of Clerk
304 U.S. Courthouse
Buffalo, NY

1	4	2	0	2	+				
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ED 016560189 US



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

GIN (POSTAL USE ONLY)

Day of Delivery	Flat Rate Envelope
Mo. Day Year 32 04 2004	Postage \$ 13.65
Day of Delivery Next <input checked="" type="checkbox"/> Second <input type="checkbox"/>	Return Receipt Fee
Time 12 Noon <input checked="" type="checkbox"/> 3 PM <input type="checkbox"/>	COD Fee
Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	Insurance Fee
Int'l Alpha Country Code	Acceptance Clerk Initials 28
View end <input type="checkbox"/> Holiday	Total Postage & Fees \$ 13.65

(PLEASE PRINT)

PHONE ()

Kette Boykin
4045 Rocky Valley Dr
Conley, GA 30288

PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



ARD. You are making 3 copies.

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. ☐ WAIVER OF SIGNATURE (Domestic Only)
Additional merchandise insurance is void if waiver of signature is requested.
Federal Agency Acct. No. or
Postal Service Acct. No. ☐ I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY

☐ Weekend ☐ Holiday ☐ Customer Signature

TO: (PLEASE PRINT)

PHONE ()

Clerk, U.S. District Court
U.S. Courthouse
68 Court St
Buffalo, NY 14202

1	4	2	0	2	+	3	4	9	8
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P0051

CONLEY POST OFFICE
CONLEY, Georgia
302889998

02/13/2004 (800)275-8777 01:12:51 PM

Product Description	Sale Qty	Receipt Unit Price	Final Price
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WASHINGTON DC 20530			\$1.06
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First-Class			
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Return Receipt			\$1.75
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Certified			\$2.30
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Label Serial #:	70023150000058446456		
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Issue PVI:			\$5.11
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CLEVELAND OH 44114			\$1.06
--------------------	--	--	--------

First-Class			
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Return Receipt			\$1.75
----------------	--	--	--------

Certified			\$2.30
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Label Serial #:	70031680000445521613		
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Issue PVI:			\$5.11
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WASHINGTON DC 20410			\$1.06
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First-Class			
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Return Receipt			\$1.75
----------------	--	--	--------

Certified			\$2.30
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Label Serial #:	70031680000445521637		
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Issue PVI:			\$5.11
------------	--	--	--------

BRONX NY 10458			\$1.06
----------------	--	--	--------

First-Class			
-------------	--	--	--

Return Receipt			\$1.75
----------------	--	--	--------

Certified			\$2.30
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Label Serial #:	70031680000445521590		
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Issue PVI:			\$5.11
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ALBANY NY 12207			\$1.06
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First-Class			
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Return Receipt			\$1.75
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Certified			\$2.30
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Label Serial #:	70031680000445521606		
-----------------	----------------------	--	--

Issue PVI:			\$5.11
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BUFFALO NY 14202			\$1.29
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First-Class			
-------------	--	--	--

Return Receipt			\$1.75
----------------	--	--	--------

Certified			\$2.30
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Label Serial #:	70031680000445521620		
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Issue PVI:			\$5.34
------------	--	--	--------

Total:			\$30.89
--------	--	--	---------

Paid by:			
Credit Card			\$30.89

Bill #: 1000300378659
Clerk: 10

— All sales final on stamps and postage. —
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

CONLEY POST OFFICE
CONLEY, Georgia
302889998

02/15/2003 (800)275-8777 01:23:38 PM

Product Description	Sale Qty	Receipt Unit Price	Final Price
---------------------	----------	--------------------	-------------

BUFFALO NY 14202			\$4.90
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Priority Mail			
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Signature Confirmation			\$1.80
------------------------	--	--	--------

Label Serial #:	23031610000001807949		
-----------------	----------------------	--	--

Issue PVI:			\$6.70
------------	--	--	--------

37c Holiday	10	\$0.37	\$3.70
-------------	----	--------	--------

Music Makers			
--------------	--	--	--

PSA			
-----	--	--	--

Total:			\$10.40
--------	--	--	---------

Paid by:			
----------	--	--	--

Cash			\$20.40
------	--	--	---------

Change Due:			-\$10.00
-------------	--	--	----------

Order stamps at USPS.com/shop or call
1-800-Stamp24. Go to
USPS.com/clicknship to print shipping
labels with postage. For other
information call 1-800-ASK-USPS.

Bill #: 1000200365822

Clerk: 06

— All sales final on stamps and postage. —
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

CENTRAL CITY RETAIL UNIT
ATLANTA, Georgia
303033634
1204440060-0094
03/19/2004 (800)275-8777 10:14 AM

Product Description	Sale Qty	Unit Price	Final Price
37c	3	\$0.27	\$1.11
Dist/Columbia			
PSA			
Total:			\$4.47
Paid by: Cash			
Order stamps at USPS.com/shop			
1-800-Stamp24. Go to			
USPS.com/clicknship to print shipping			
labels with postage. For other			
information call 1-800-ASK-USPS			
Bill #: 1000600968803			
Clerk: 11			

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

CROWN ROAD POSTAL STORE
ATLANTA, Georgia
303040001
1204440039-0098
04/15/2004 (404)765-7510 11:21:30 PM

Product Description	Sale Qty	Unit Price	Final Price
BUFFALO NY 14202 Express			\$13.65
Mail PO-ADD Flat Rate			
Serial Number EDO16559614US			
2nd Day Noon / Normal			
Delivery			
Issue PVI:			\$13.65
NEW YORK NY 10011			\$13.65
Express Mail PO-ADD Flat			
Rate			
Serial Number EDO16559628US			
2nd Day Noon / Normal			
Delivery			
Issue PVI:			\$13.65
BUFFALO NY 14202 Express			\$13.65
Mail PO-ADD Flat Rate			
Serial Number EDO16559631US			
2nd Day Noon / Normal			
Delivery			
Issue PVI:			\$13.65
BUFFALO NY 14202 Express			\$13.65
Mail PO-ADD Flat Rate			
Serial Number EDO16559605US			
2nd Day Noon / Normal			
Delivery			
Issue PVI:			\$13.65
Total:			\$54.60
Paid by: AMEX			
Account #	XXXXXXX3007	Exp.	12/07
Approval #:	595718		
Transaction #:	310		
23 902853555 4104710777			
Bill #: 1000200977832			
Clerk: 07			

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy



ER 190349069 US

EXPRESS
MAIL

UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code 30302	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second <input checked="" type="checkbox"/> Flat Rate Envelope
Date 27-29-04	Postage \$ B.65
Time In 16:03	Return Receipt Fee
Weight lbs. 10.3	Int'l Alpha Country Code
no Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials AW
	Total Postage \$ 13.65

FROM: (PLEASE PRINT)

PHONE ()

Yvette Boykin
4045 Rocky Valley Dr
Conley, GA 30288

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



PRESS HARD. You are making 3 copies.

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time JUL 29 2004	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Only)
Additional merchandise insurance is void if waiver of signature is requested.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or
Postal Service Acct. No.☐ NO DELIVERY
Weekend Holiday

Customer Signature

TO: (PLEASE PRINT)

PHONE ()

Clerk, U.S. District Court
United States Courthouse
Buffalo, New York

1 4 2 0 2 + 3 4 9 8

ZIP + 4

01111 1000204595671
01111 27

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.
Customer copy

Account # 12/07
515389
Production # 262
01 902640163 4104/10777

\$19.59

\$11.59

\$1.99

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

\$1.00

P0054

Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information, visit our website at www.usps.com.

OFFICIAL USE

BUFFALO, NY 14202

Postage	\$ 10.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 14.42

CROWN ROAD STATION
 0078
 30 Postmark Here
APR 21 2005
 04/21/2005

Sent To: *Clerk, U.S. District Court*
 Street, Apt. No.,
 or PO Box No. *U.S. Courthouse 68 Court St*
 City, State, ZIP+4[®] *Buffalo, NY 14202-3498*

PS Form 3800, June 2002 See Reverse for Instructions

4000 0630 5007

P0055

CONLEY POST OFFICE
CONLEY, Georgia
302889998
1204440220-0098
(800)275-8777 03:13:39 PM
04/25/2006

Product Description	Sale Qty	Receipt Unit Price	Final Price
---------------------	----------	--------------------	-------------

NEW YORK NY 10017			\$8.10
Priority - Flat Rate Box			
4 lb 0.40 oz.			\$0.50
Delivery Confirmation			
Label #:	03050830000061622802		

\$8.60

Total: \$8.60

Paid by: Cash \$8.60

Bill #: 1000200964731
Clerk: 10

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy.

U.S. Postal Service Delivery Confirmation Receipt

Postage and Delivery Confirmation fees must be paid before mailing.

Article sent (to be completed by mailer)

Postmark: APR 25 2006

USPS

Priority Mail Service

First-Class Mail parcel

Check ONE (POSTAL USE ONLY)

Access internet web site at www.usps.com

Keep this receipt for inquiries.

DELIVERY CONFIRMATION NUMBER: 1204440220-0098

KeyBank

Initial Disclosure
KeyBank

ATLANTA MAIN PO
ATLANTA, Georgia
303049998
1204440076 -0088
08/20/2008 (404)765-7637 07:05:21 PM

Product Description	Sales Receipt		Final Price
	Sale Qty	Unit Price	
BUFFALO NY 14203 Zone-5 Express Mail PO-Add Flat Rate 4.30 oz. Label #: EB548075182US Next Day Noon / Normal Delivery			\$16.50
Issue PVI:			\$16.50
BUFFALO NY 14202 Zone-5 First-Class Large Env 3.60 oz.			\$1.34
Issue PVI:			\$1.34
Total:			\$17.84

Paid by:
Visa \$17.84
Account #: XXXXXXXXXXXX0794
Approval #: 007497
Transaction #: 391
23 902850304

Order stamps at USPS.com/shop or call
1-800-Stamp24. Go to USPS.com/clicknship
to print shipping labels with postage.
For other information call 1-800-ASK-USPS.

Bill #: 1001204063579
Clerk: 08

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

HELP US SERVE YOU BETTER
Go to: <http://gx.gallup.com/pos>
TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE
YOUR OPINION COUNTS

Customer Copy

FOREST PARK PO.
FOREST PARK, Georgia
302979998
1204440239 -0094
08/06/2008 (800)275-8777 02:39:44 PM

Product Description	Sales Receipt		Final Price
	Sale Qty	Unit Price	
BUFFALO NY 14202 Zone-5 First-Class Large Env 2.40 oz.			\$1.17
Issue PVI:			\$1.17
BUFFALO NY 14203 Zone-5 First-Class Large Env 2.40 oz.			\$1.17
Issue PVI:			\$1.17
42c Purple Heart PSA	1	\$0.42	\$0.42
Total:			\$2.76

Paid by:
Cash \$5.00
Change Due: -\$2.24

Order stamps at USPS.com/shop or call
1-800-Stamp24. Go to USPS.com/clicknship
to print shipping labels with postage.
For other information call 1-800-ASK-USPS.

Bill #: 1000601838757
Clerk: 18

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

HELP US SERVE YOU BETTER
Go to: <http://gx.gallup.com/pos>
TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE
YOUR OPINION COUNTS

Customer Copy

P0057

McKELVEY, SIMS, DAVIS & LAZROE, LLP

Attorney and Counselors at Law
120 Delaware Building
118 W. Mohawk Street-3rd Floor
Buffalo, New York 14202

Terrence D. McKelvey, Esq.
Barbara M. Sims, Esq.
James P. Davis, Esq.
Jeffrey A. Lazroe, Esq.

(716) 840-0001
(716) 852-1436
(716) 852-3635
Fax: (716) 847-6515

July 19, 2002

YVETTE BOYKIN
4045 Rockey Valley Drive
Conley, Georgia 30288

Re: Boykin v. Bank of America,
Key Bank, and
New York State Division
of Human Rights

Dear Ms. Boykin,

Enclosed herein, please find a retainer in the above-entitled matter.

Kindly photocopy it, sign above your name at the bottom and mail it together with your information and the initial retainer amount of \$500.00 to:

BARBARA M. SIMS
118 W. MOHAWK ST.
BUFFALO, NEW YORK 14202

I will review the material and advise you as to whether I would recommend you to proceed with this matter.

If you have any questions, or need further information, feel free to call me at (716) 840-0001.

Very Truly Yours,


Barbara M. Sims

BMS/fws
Encl.

P0058

RETAINER

ATTORNEY: McKELVEY, SIMS, DAVIS, & LAZROE, LLP
120 Delaware Avenue
118 W. Mohawk Suite, 3rd Floor
Buffalo, New York 14202
(716) 840-0001

CLIENT: YVETTE D. BOYKIN
4045 Rockey Valley Drive
Conley, Georgia 30288
(434) 224-1742

SUBJECT MATTER: Claim against BANK OF AMERICA, and KEY BANK, for discrimination in Lending.

PAYMENTS DUE UPON SIGNING: Payment in the amount of \$500.00 for initial examination of client's documents and files.

COMPENSATION: \$2,000.00 due upon the Attorney's determination to proceed with this matter. Attorney is to conduct this case on a contingent fee arrangement whereby the client will pay the attorney one-third (1/3) of the amount of any judgment recovered, or any payment received through settlement or compromise. The above-mentioned

EXPENSES: The client agrees to finance completely out of her own funds, all the expenses of this case, including fees and expenses of filing, witnesses, photographs, printing and stenographer's minutes. \$2,500.00, will be deducted from the (1/3) payment of any amount to be received by the Attorney as compensation for services.

APPEAL: In the event of an appeal by either side, the attorney is entitled to other compensation to a reasonable amount for preparing appeal papers and arguing the appeal.

CONDUCT OF CASE: Client agrees to permit attorney to have full control over the conduct of this case, to use full discretion in presenting or omitting to present such particulars thereof as in the opinion of said attorney or counsel should be presented or omitted.

SETTLEMENT: The attorney is likewise authorized to make settlement in case an agreement is reached between the parties through the attorney or otherwise for payment of a reasonable amount in settlement, but attorney is given the sole right to negotiate such settlement.

COUNSEL: Attorney may, if he so desires, retain counsel to assist in the preparation and trial of the case or upon the argument of any appeal without any additional cost or expense to the client.

Dated: July 19, 2002.


YVETTE D. BOYKIN, client

McKELVEY, SIMS, DAVIS, & LAZROE, LLP
By: Barbara M. Sims, Esq., Attorneys

Complaints and Other Initiating Documents

1:03-cv-00944-WMS Boykin v. Keycorp and its Subsidiary, KeyBank National Association et al

U.S. District Court [LIVE]

NYWD U.S. District Court [LIVE]

Notice of Electronic Filing

The following transaction was received from entered on 12/20/2003 at 8:49 AM EST and filed on 12/19/2003

Case Name: Boykin v. Keycorp and its Subsidiary, KeyBank National Association et al

Case Number: 1:03-cv-944

Filer: Yvette Boykin

Document Number: 1

Docket Text:

COMPLAINT against Keycorp and its Subsidiary, KeyBank National Association, State of New York Division of Human Rights, U.S. Department of Housing and Urban Development (Filing fee \$ 150 receipt number 99313), filed by Yvette Boykin.(CMD)

The following document(s) are associated with this transaction:

1:03-cv-944 Notice will be electronically mailed to:

1:03-cv-944 Notice will not be electronically mailed to:

Yvette Boykin

00060

Appeal Documents

1:03-cv-00944-WMS Boykin v. Keycorp and its Subsidiary, KeyBank National Association et al
CASE CLOSED on 03/30/2005

**U.S. DISTRICT COURT
WESTERN DISTRICT OF NEW YORK [LIVE]**

Notice of Electronic Filing

The following transaction was received from DR, entered on 5/2/2005 at 3:29 PM EDT and filed on 4/25/2005

Case Name: Boykin v. Keycorp and its Subsidiary, KeyBank National Association et al
Case Number: 1:03-cv-944
Filer: Yvette Boykin
WARNING: CASE CLOSED on 03/30/2005
Document Number: 35

Docket Text:
NOTICE OF APPEAL as to [34] Judgment by Yvette Boykin. Filing fee \$ 255, receipt number 16099.
(copy to Robert P. Heary and to Clerk, USCA) (DR,)

The following document(s) are associated with this transaction:

Document description:Main Document
Original filename:n/a
Electronic document Stamp:
[STAMP dcecfStamp_ID=1042579058 [Date=5/2/2005] [FileNumber=343284-0]
[e072584ec92ce42183a84d10c807988351854456dbe5b945b781b5b994d99e094cccb
1440040d1cf5a7ce469ce3467ea8cc31182e76f787d6ee3e0b17180f8d6]]

1:03-cv-944 Notice will be electronically mailed to:

Robert P. Heary rheary@hiscockbarclay.com,
Mary K. Roach mary.k.roach@usdoj.gov, lisa.nowak@usdoj.gov;cheryl.kinmartin@usdoj.gov
Michael A. Siragusa michael.siragusa@oag.state.ny.us, maryann.petrillo@oag.state.ny.us

1:03-cv-944 Notice will be delivered by other means to:

✓ Yvette Boykin
4045 Rockey Valley Drive
Conley, GA 30288

POD 61

Coughlin, Kitay & Edelstein, P.C.

Attorneys at Law
 4750 Lincoln Blvd.
 Suite 483
 Marina del Rey, CA 90292

Invoice

Date	Invoice #
7/2/2005	1919

Bill To
Yvette Boykin 4045 Rockey Valley Drive Conley, GA 30288-1404

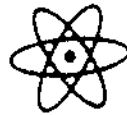
PLEASE NOTE NEW
 REMITTANCE
 ADDRESS!
 THANK YOU

Date	Atty	Time	Rate	Description	Amount
5/29/2005	SJE	2	240.00	Review and comment on appellate brief.	480.00
6/22/2005	SJE	0.5	240.00		120.00

Thank you for your prompt payment. After 60 days, account will be assessed 1.0% interest. Our Federal Tax Identification Number is 58-2231529.
 For billing inquiries, please contact us at billing@fairhouse.net.

Total	\$600.00
Payments/Credits	\$0.00
Balance Due	\$600.00

P0063



M. C. & T. ELECTRONICS, INC.

4161 Oxford Crossing Drive

Decatur, GA 30034

PHONE (404) 288-7555

FAX (770) 879-8496

Sold To

Write Back in
P.O. Box 1366

Conley, 6A 3088

FED. ID # 58-1874488

Invoice

Date 1-13-05

Shipped to

Yvette Taylor
191244-1742

Your Order No.		Our Order No.		Salesman	
11 American		EXPRESS		MC	
Date Shipped		Shipped VIA		F.O.B.	
12-12/07		31252224223007		Terms NET 15	
Quantity Ordered	Quantity Shipped	Stock Number/Description		Price	Per Amount
		1 ea			35000
1 ea		CASA AC 940			
		SP. ST. DO 5024		TAX	EXPRESS
					35000

Undersigned Purchaser hereby acknowledges receipt of above merchandise and acknowledges that title to said merchandise is vested in and shall remain in M. C. & T. Electronics, Inc. until full purchase price thereof shall be paid in full.

By: [Signature] Authorized Signature

A Service Charge of 1½% per month or 18% per annum will be charged on all past due accounts

Please remit to:
**M. C. & T.
Electronics, Inc.**
P.O. Box 361521
Decatur, GA 30036-1521

Original / Invoice

00064



PERSONAL COPIER CARTRIDGES

Canon Personal Copiers use the patented Single Cartridge System. All the parts that normally require replacement or service such as the toner, drum, charging unit, and development unit, are contained in this one convenient, replaceable unit.

Cartridge yield depends on the type of documents you are copying, plus other factors such as exposure setting, paper quality, and machine condition. Yields shown below are for an approximate 5% density document, a sample of which is located in the copier operating manual. You can also call the phone numbers shown below to get a sample of the 5% density document. Your particular copy job and other conditions can significantly increase or decrease the amount of toner used.

CARTRIDGE	MODEL	APPROXIMATE YIELD (5% DENSITY)
E20	PC300/400/500 SERIES	2000
E40	PC700/900 SERIES	4000

SUPPLIES & ACCESSORIES

Call or visit your local retailer/dealer for genuine Canon supplies. You can also order genuine supplies and accessories for your PC Copier from Canon. Call us at:

1-800-828-4040 Canon USA Consumer Information Center

1-800-263-1121 Canon Canada Information Center

CARTOUCHES POUR COPIEUR PERSONNEL

Les Copieurs personnels Canon utilisent le système monocartouche breveté SCS (Single Cartridge System). Toutes les pièces qui exigent normalement d'être remplacées ou entretenues, telles que l'encre sèche, le tambour, l'unité de chargement et l'unité de développement, sont incorporées à cette unité très pratique, et remplaçable.

La productivité de la cartouche varie selon le type de document copié et en fonction d'autres facteurs, notamment du réglage de l'exposition, de la qualité du papier utilisé et de l'état de la machine. Les volumes de reproduction indiqués ci-dessous correspondent à un document à 5% de densité approximatif dont un échantillon est présenté dans le manuel d'utilisation du copieur. Vous pouvez également composer les numéros de téléphone indiqués ci-dessous pour obtenir un exemplaire du document à 5% de densité. La tâche d'impression effectuée et d'autres conditions peuvent sensiblement augmenter ou diminuer la quantité d'encre sèche utilisée.

CARTOUCHE	MODÈLE	PRODUCTIVITÉ APPROX. (DENSITÉ À 5%)
E20	SÉRIES PC300/400/500	2000
E40	SÉRIE PC700/900	4000

FOURNITURES ET ACCESSOIRES

Prenez contact avec votre revendeur/détaillant habituel pour lui demander des fournitures Canon agréées. Vous pouvez également commander des accessoires et des fournitures agréées pour votre Copieur PC de Canon en composant les numéros suivants:

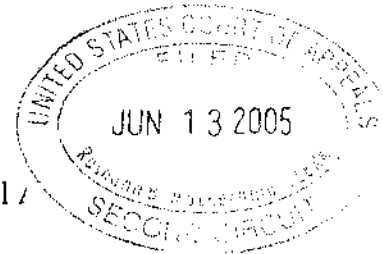
1-800-828-4040 Centre de renseignements clientèle Canon USA
1-800-263-1121 Centre de renseignements clientèle Canon Canada

page 5

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT
THURGOOD MARSHALL U.S. COURT HOUSE
40 FOLEY SQUARE
NEW YORK 10007

Roseann B. MacKechnie
CLERK

Date: 6/13/05
Docket Number: 05-2158-cv
Short Title: Boykin v. Kevcorp and its Subsidiary, KeyBank National /
DC Docket Number: 03-cv-944
DC: WDNY (BUFFALO)
DC Judge: Honorable William Skretny



CIVIL APPEALS SCHEDULING ORDER #1
ADDRESS INQUIRIES TO (212) 857 - 8524

Noting that Yvette Boykin appellant pro se, has filed a Notice of Appeal, and being advised as to the progress of the appeal.

Further noting that the record on appeal has been filed.

IT IS FURTHER ORDERED that the appellant's brief and appendix be filed on or before 07/13/2005. If appellant's brief does not exceed 10 pages, it may be filed in memorandum form.

IT IS FURTHER ORDERED that the appellee's brief be filed on or before 08/12/2005. If appellee's brief does not exceed 10 pages, it may be filed in memorandum form.

IT IS FURTHER ORDERED that 10 copies of the each brief or memorandum shall be filed with the Clerk; however, the filing of a lesser number maybe permitted upon application. ✓

IT IS FURTHER ORDERED that the appellee may, without further order of the court, file 10 copies of an appendix to its brief, or 10 copies of an attachment to its memorandum.

IT IS FURTHER ORDERED that the argument of the appeal shall be heard no earlier than the week of 09/23/2005. The appellant pro se and opposing counsel and parties should immediately advise the Clerk by letter of the dates thereafter that they are unavailable for oral argument. The time and place of oral argument shall be separately noticed by the Clerk to the appellant, pro se, and all counsel.

*Original & 10 copies of brief enclosed.
Original & 34 copies of appendix.
With Due 7/12/05* P0066

Dekalb Community Service Board

445 Winn Way
P.O. Box 1648
Decatur GA 30031

Address Service Requested

Office Hours: 8:15 a.m. - 5:00 p.m. Monday - Friday
Phone: 404/508-7975 IRS# 58-2104166



*47 *****MIXED AADC 300

YVETTE BOYKIN
4045 ROCKEY VALLEY DR
CONLEY GA 30288-1404

<input type="checkbox"/> MasterCard		<input type="checkbox"/> VISA
CARD NUMBER		AMOUNT
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		
STATEMENT DATE 04/30/2002	ACCOUNT #	PAY THIS AMOUNT \$112.08

Patient: YVETTE BOYKIN
Secondary Ins: BC/BS GOVT

AMOUNT PAID

MAKE CHECK PAYABLE & REMIT TO:

Dekalb Community Service Board
445 Winn Way
P.O. Box 1648
Decatur GA 30031

☐ PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INCLUDE CORRECT ADDRESS
DEKALBC1-0051944-0009833-0178069-001-000689-#010191

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

SERVICE DATE	DESCRIPTION OF SERVICE	PLACE OF SERVICE	SERVICE PROVIDER	TIME	AMOUNT
04/05/02 1000	INITIAL DIAGNOSTIC ASSESS	CLIFTON SPRINGS	MORRIS SUSAN W.	1:30	\$157.08
04/08/02	PAYMENT				\$15.00-
04/15/02	PAYMENT				\$15.00-
04/22/02	PAYMENT				\$15.00-

EXHIBIT NO. 3**BALANCE DUE: \$112.08**

Patient: YVETTE BOYKIN

Account Number:

Statement Date: 04/30/2002

IF YOU FIND ANY ERRORS ON YOUR BILL PLEASE CALL
404-508-7975

Dekalb Community Service Board
445 Winn Way
P.O. Box 1648
Decatur GA 30031
Phone: 404/508-7975 IRS# 58-2104166

P0067

Dekalb Community Service Board

445 Winn Way
P.O. Box 1648
Decatur GA 30031

Address Service Requested

Office Hours: 8:15 a.m. - 5:00 p.m. Monday - Friday
Phone: 404/508-7975 IRS# 58-2104166

Patient: YVETTE BOYKIN

AMOUNT PAID

Secondary Ins.: BC/BS GOV'T

MAKE CHECK PAYABLE & REMIT TO:

*18 **AUTO**3-DIGIT 302

YVETTE BOYKIN
4045 ROCKY VALLEY DRIVE
CONLEY GA 30288-1404

Dekalb Community Service Board
445 Winn Way
P.O. Box 1648
Decatur GA 30031

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK
DEKALBC1-0054458-0005102-0192680-001-000486-#005669

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

SERVICE DATE	DESCRIPTION OF SERVICE	PLACE OF SERVICE	SERVICE PROVIDER	TIME AMOUNT
06/01/02	BEGIN BALANCE			\$45.00-
05/01/02	BEGIN BALANCE			\$112.08

BALANCE DUE: \$67.08

Patient: YVETTE BOYKIN

Account Number:

Statement Date: 06/30/2002

IF YOU FIND ANY ERRORS ON YOUR BILL PLEASE CALL
404-508-7975

Dekalb Community Service Board
445 Winn Way
P.O. Box 1648
Decatur GA 30031
Phone: 404/508-7975 IRS# 58-2104166

P0068

P.O. Box 7368
Columbus, GA 31908-7368
00109

PAYMENT OF BENEFITS

Claim Number: 021570082900100

YVETTE I BOYKIN
PO BOX 50058
ATLANTA, GA. 30302

CHECK NO.
9446197



Patient ID Number:

[illegible]

WE WILL SEND YOU AN EXPLANATION OF BENEFITS WITH MORE DETAIL PAYMENT INFORMATION.

00069

BALANCE DUE: \$37.08

Patient: YVETTE BOYKIN

Account Number:

Statement Date: 07/31/2002

IF YOU FIND ANY ERRORS ON YOUR BILL PLEASE CALL
 404-508-7975

Dekalb Community Service Board
 445 Winn Way
 P.O. Box 1648
 Decatur GA 30031
 Phone: 404/508-7975 IRS# 58-2104166

DEKALBC1-0055944-0007380-0200053-001-000524-#007550

P0070

CROSS KEYS COUNSELING CENTER
CROSS KEYS COUNSELING CENTER, INC.
 2014 WINMAR LANE
 CONLEY, GA 30288
 (404) 366-3420

Bill To:
 YVETTE BOYKIN
 4045 ROCKEY VALLEY DRIVE
 CONLEY, GA 30288
 Acc Num: VM0362S

Bill For:
 4045 ROCKEY VALLEY DRIVE
 CONLEY, GA 30288
 Acc Num: VM0362S

Bill as of : Oct 1, 2002

Date	Transaction	Session Charge	Total Amounts
	Previous Balance		\$0.00
9/19/2002	PSYCHOTHERAPY, INTAKE	\$115.00	\$115.00
		\$115.00	\$115.00

Please Pay this Amount:

\$115.00

VALERIE MCADAMS PSY D - LIC #002435
 PSYCHOLOGIST
 Group Number: MEDICARE
 Employer ID: 58-1310792

P0071

Dekalb Community Service Board

445 Winn Way
P.O. Box 1648
Decatur GA 30031

Address Service Requested

Office Hours: 8:15 a.m. - 5:00 p.m. Monday - Friday
Phone: 404/508-7975 IRS# 58-2104166

CARD NUMBER		AMOUNT
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		
STATEMENT DATE 09/30/2002	ACCOUNT #	PAY THIS AMOUNT \$54.98

Patient: **JOHN WALKER**

AMOUNT PAID

34.98

MAKE CHECK PAYABLE & REMIT TO:

*35 **AUTO**MIXED AADC 300

[Barcode]

4045 Rockey Valley Drive
Conley GA 30288-1404

[Barcode]

Dekalb Community Service Board
445 Winn Way
P.O. Box 1648
Decatur GA 30031

DEKALBC1-0057868-0008285-0211242-001-007020-0008370

EASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

10/25				54.98		61
DATE	NAME	ACCOUNT #	CASH	CHECK	VISA/MC	RU

Please retain this receipt for your records

CHK # 1237

Received By: *[Signature]*

27664

DEKALB COMMUNITY SERVICE BOARD
DEKALB COUNTY, GEORGIA

9/11		1-94886			68.98	414
DATE	NAME	ACCOUNT #	CASH	CHECK	VISA/MC	RU

Please retain this receipt for your records

Received By: *[Signature]*

24092

DEKALB COMMUNITY SERVICE BOARD
DEKALB COUNTY, GEORGIA

P0072



BlueCross

BlueShield

Federal Employee Program

Explanation of Benefits

THIS IS NOT A BILL

04991

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

03755

YVETTE I BOYKIN
PO BOX 50058

ATLANTA
30302

GA

PATIENT NAME: YVETTE BOYKIN
CLAIM NUMBER: 00002290005392
DATE RECEIVED: 10/17/2002
DATE PROCESSED: 11/05/2002
DATE PAID: 11/06/2002
ID NUMBER:

www.fepblue.org

1-800-282-2473

7:30 A.M. - 5:30 P.M.

SUMMARY OF STANDARD OPTION BENEFITS ON THIS CLAIM

BENEFIT CHECK MAILED SEPARATELY

PROVIDER NAME: DEKALB COMMUNITY SERVICE BOARD

DATES OF SERVICE: 10/10/2002 - 10/10/2002

TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED SAVINGS	NONCOVERED CHARGES	EXP *	ALLOWABLE CHARGES	DEDUCT	COINS COPAY	OTHER COVERAGE	WHAT WE OWE	WHAT YOU OWE
PSYC CARE	92.52				92.52		37.00		55.52	92.52
TOTALS	\$92.52				92.52		37.00		\$55.52	\$92.52

* EXPLANATION OF CODES/REMARKS

YOUR RESPONSIBILITY TO THE PROVIDER(S) IS \$92.52. WE PAID \$55.52.
THE PROVIDER CAN COLLECT \$92.52 FROM YOU FOR THESE SERVICES.

OUTPATIENT VISITS FOR THE TREATMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE BY PREFERRED AND NON-PREFERRED PROVIDERS ACCUMULATE TOWARD THE NON-PREFERRED VISIT LIMIT OF UP TO 25 VISITS. WITH THIS CLAIM YOU HAVE ACCUMULATED 4 VISITS TOWARDS THIS MAXIMUM FOR 2002. WHEN YOU USE A PREFERRED PROVIDER AND FOLLOW AN APPROVED TREATMENT PLAN THIS MAXIMUM MAY BE WAIVED.

THE SERVICE BENEFIT PLAN OFFERS HEALTH CARE INFORMATION SERVICES 24 HOURS A DAY, 7 DAYS A WEEK. CALL BLUE HEALTH CONNECTION, TOLL-FREE AT 1-888-BLUE-432 (1-888-258-3432). WITH BLUE HEALTH CONNECTION, YOU HAVE ACCESS TO REGISTERED NURSES WHO CAN HELP YOU ASSESS YOUR SYMPTOMS. USING BLUE HEALTH CONNECTION MAY SAVE YOU TIME AND UNNECESSARY OUT-OF-POCKET EXPENSES. YOU CAN ALSO ACCESS OTHER HEALTH RESOURCES ONLINE AT WWW.FEPBLUE.ORG

WHAT YOU OWE

SUMMARY OF OUT-OF-POCKET EXPENSES FOR 2002

		CALENDAR YEAR DEDUCTIBLE		CATASTROPHIC PROTECTION PPO	
		INDIVIDUAL	FAMILY	NON-PPO	
CALENDAR YR DEDUCTIBLE	\$				
PER ADMISSION COPAY	\$				
COINSURANCE	\$	37.00			
COPAYMENT	\$				
NON-COVERED CHARGES	\$				
PRECERTIFICATION PENALTY	\$				
TOTAL:	\$	37.00			
		WHAT YOU HAVE PAID:			
		INDIVIDUAL	\$250.00	\$446	\$446
		FAMILY			
		ANNUAL MAXIMUM			
		INDIVIDUAL	\$250.00	\$4,000	\$6,000
		FAMILY			

Any resubmission of eligible expenses on this claim must be received no later than December 31 of the calendar year following the date of service or 90 days from the process date on this form, whichever is later.

401-57012 - F Rev. 8/95 (B)

P0073



BlueCross®

Document 52

Explanation of Benefits

BlueShield®

THIS IS NOT A BILL

Federal Employee Program

05325

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

03893 YVETTE I BOYKIN
PO BOX 50058

ATLANTA GA
30302

PATIENT NAME: YVETTE BOYKIN
CLAIM NUMBER: 00002329083830
DATE RECEIVED: 11/25/2002
DATE PROCESSED: 12/10/2002
DATE PAID: 12/12/2002
ID NUMBER:



www.fepblue.org
1-800-282-2473
7:30 A.M. – 5:30 P.M.

SUMMARY OF STANDARD OPTION BENEFITS ON THIS CLAIM

BENEFIT CHECK SENT TO PROVIDER OF SERVICE

PROVIDER NAME: MORRIS

DATE OF SERVICE: 10/25/2002 - 10/25/2002

TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED SAVINGS	NONCOVERED CHARGES	EXP *	ALLOWABLE CHARGES	DEDUCT	COINS CDPAY	OTHER COVERAGE	WHAT WE OWE	WHAT YOU OWE
PSYC CARE	69.39			240	69.39		15.00		54.39	15.00
TOTALS	\$69.39				69.39		15.00		\$54.39	\$15.00

* EXPLANATION OF CODES/REMARKS

240--IN ORDER TO MAXIMIZE YOUR BENEFITS, YOUR PREFERRED PROVIDER MUST SUBMIT A TREATMENT PLAN TO THE LOCAL PLAN PRIOR TO THE NINTH VISIT. WHEN THE LOCAL PLAN APPROVES THE TREATMENT PLAN, YOUR PREFERRED PROVIDER WILL BE GIVEN AUTHORIZATION FOR ADDITIONAL VISITS. THE NUMBER OF ADDITIONAL VISITS WILL DEPEND ON THE TREATMENT PLAN. SUBSEQUENT TREATMENT PLANS MAY BE REQUESTED BY THE LOCAL PLAN. IF A TREATMENT PLAN IS NOT SUBMITTED, NON-PREFERRED BENEFITS MAY BE PAYABLE. IF YOU CHANGE PREFERRED PROVIDERS, A NEW TREATMENT PLAN MUST BE SUBMITTED.

THE SERVICE BENEFIT PLAN OFFERS HEALTH CARE INFORMATION SERVICES 24 HOURS A
DAY, 7 DAYS A WEEK. CALL BLUE HEALTH CONNECTION, TOLL-FREE AT 1-888-BLUE-432
(1-888-258-3432). WITH BLUE HEALTH CONNECTION, YOU HAVE ACCESS TO REGISTERED
NURSES WHO CAN HELP YOU ASSESS YOUR SYMPTOMS. USING BLUE HEALTH CONNECTION
MAY SAVE YOU TIME AND UNNECESSARY OUT-OF-POCKET EXPENSES. YOU CAN ALSO
ACCESS OTHER HEALTH RESOURCES ONLINE AT WWW.FEPBLUE.ORG

WHAT YOU OWE

SUMMARY OF OUT-OF-POCKET EXPENSES FOR 2002

		CALENDAR YEAR DEDUCTIBLE		CATASTROPHIC PROTECTION	
				PPD	NON-PPD
CALENDAR YR DEDUCTIBLE	\$				
PER ADMISSION COPAY	\$				
COINSURANCE	\$				
COPAYMENT	\$	15.00	WHAT YOU HAVE PAID		
NON-COVERED CHARGES	\$		INDIVIDUAL	\$491	\$491
PRECERTIFICATION PENALTY	\$		FAMILY		
			ANNUAL MAXIMUM		
TOTAL:	\$	15.00	INDIVIDUAL	\$4,000	\$6,000
			FAMILY		

Any resubmission of eligible expenses on this claim must be received no later than December 31 of the calendar year following the date of service or 90 days from the process date on this form, whichever is later.

4C1-57012 - F Rev. 8/95 (B)

P0074



**BlueCross
BlueShield**

Federal Employee Program

Explanation of Benefits

THIS IS NOT A BILL

02061

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

01667

YVETTE I BOYKIN
PO BOX 50058

ATLANTA GA
30302

PATIENT NAME: YVETTE BOYKIN
CLAIM NUMBER: 00002339051704
DATE RECEIVED: 12/05/2002
DATE PROCESSED: 12/09/2002
DATE PAID: 12/12/2002
ID NUMBER:



www.fepblue.org
1-800-282-2473
7:30 A.M. - 5:30 P.M.

SUMMARY OF STANDARD OPTION BENEFITS ON THIS CLAIM						BENEFIT CHECK SENT TO PROVIDER OF SERVICE				
PROVIDER NAME: MORRIS						DATES OF SERVICE: 11/21/2002 - 11/21/2002				
TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED SAVINGS	NONCOVERED CHARGES	EXP *	ALLOWABLE CHARGES	DEDUCT	COINS COPAY	OTHER COVERAGE	WHAT WE OWE	WHAT YOU OWE
SYN CARE	92.52			240	92.52		15.00		77.52	15.00
TOTALS	\$92.52				92.52		15.00		\$77.52	\$15.00

EXPLANATION OF CODES/REMARKS

240--IN ORDER TO MAXIMIZE YOUR BENEFITS, YOUR PREFERRED PROVIDER MUST SUBMIT A TREATMENT PLAN TO THE LOCAL PLAN PRIOR TO THE NINTH VISIT. WHEN THE LOCAL PLAN APPROVES THE TREATMENT PLAN, YOUR PREFERRED PROVIDER WILL BE GIVEN AUTHORIZATION FOR ADDITIONAL VISITS. THE NUMBER OF ADDITIONAL VISITS WILL DEPEND ON THE TREATMENT PLAN. SUBSEQUENT TREATMENT PLANS MAY BE REQUESTED BY THE LOCAL PLAN. IF A TREATMENT PLAN IS NOT SUBMITTED, NON-PREFERRED BENEFITS MAY BE PAYABLE. IF YOU CHANGE PREFERRED PROVIDERS, A NEW TREATMENT PLAN MUST BE SUBMITTED.

THE SERVICE BENEFIT PLAN OFFERS HEALTH CARE INFORMATION SERVICES 24 HOURS A DAY, 7 DAYS A WEEK. CALL BLUE HEALTH CONNECTION, TOLL-FREE AT 1-888-BLUE-432 (1-888-258-3432). WITH BLUE HEALTH CONNECTION, YOU HAVE ACCESS TO REGISTERED NURSES WHO CAN HELP YOU ASSESS YOUR SYMPTOMS. USING BLUE HEALTH CONNECTION MAY SAVE YOU TIME AND UNNECESSARY OUT-OF-POCKET EXPENSES. YOU CAN ALSO ACCESS OTHER HEALTH RESOURCES ONLINE AT WWW.FEPBLUE.ORG

WHAT YOU OWE			SUMMARY OF OUT-OF-POCKET EXPENSES FOR 2002			
CALENDAR YR DEDUCTIBLE	\$		CALENDAR YEAR DEDUCTIBLE	CATASTROPHIC PROTECTION PPO	NON-PPO	
PER ADMISSION COPAY	\$					
COINSURANCE	\$					
COPAYMENT	\$	15.00	WHAT YOU HAVE PAID			
NON-COVERED CHARGES	\$		INDIVIDUAL		\$476	\$476
RECERTIFICATION PENALTY	\$		FAMILY			
	\$		ANNUAL MAXIMUM			
TOTAL:	\$	15.00	INDIVIDUAL		\$4,000	\$6,000
			FAMILY			

Any resubmission of eligible expenses on this claim must be received no later than December 31 of the calendar year following the date of service or 90 days from the process date on this form, whichever is later.

P0075



BlueCross
BlueShield
Federal Employee Program

Explanation of Benefits

THIS IS NOT A BILL

01981

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

01612 YVETTE I BOYKIN
PO BOX 50058

ATLANTA GA
30302

PATIENT NAME: YVETTE BOYKIN
CLAIM NUMBER: 00002352015466
DATE RECEIVED: 12/18/2002
DATE PROCESSED: 12/30/2002
DATE PAID: 01/02/2003
ID NUMBER:



www.fepblue.org
1-800-282-2473
7:30 A.M. - 5:30 P.M.

SUMMARY OF STANDARD OPTION BENEFITS ON THIS CLAIM

BENEFIT CHECK SENT TO PROVIDER OF SERVICE

PROVIDER NAME: MORRIS

DATES OF SERVICE: 04/12/2002 - 04/19/2002

TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED SAVINGS	NONCOVERED CHARGES	EXP *	ALLOWABLE CHARGES	DEDUCT	COINS COPAY	OTHER COVERAGE	WHAT WE OWE	WHAT YOU OWE
PSYC CARE	92.52			240	92.52		15.00		77.52	15.00
PSYC CARE	92.52			240	92.52		15.00		77.52	15.00
TOTALS	\$185.04				185.04		30.00		\$155.04	\$30.00

EXPLANATION OF CODES/REMARKS

240--IN ORDER TO MAXIMIZE YOUR BENEFITS, YOUR PREFERRED PROVIDER MUST SUBMIT A TREATMENT PLAN TO THE LOCAL PLAN PRIOR TO THE NINTH VISIT. WHEN THE LOCAL PLAN APPROVES THE TREATMENT PLAN, YOUR PREFERRED PROVIDER WILL BE GIVEN AUTHORIZATION FOR ADDITIONAL VISITS. THE NUMBER OF ADDITIONAL VISITS WILL DEPEND ON THE TREATMENT PLAN. SUBSEQUENT TREATMENT PLANS MAY BE REQUESTED BY THE LOCAL PLAN. IF A TREATMENT PLAN IS NOT SUBMITTED, NON-PREFERRED BENEFITS MAY BE PAYABLE. IF YOU CHANGE PREFERRED PROVIDERS, A NEW TREATMENT PLAN MUST BE SUBMITTED.

THE SERVICE BENEFIT PLAN OFFERS HEALTH CARE INFORMATION SERVICES 24 HOURS A DAY, 7 DAYS A WEEK. CALL BLUE HEALTH CONNECTION, TOLL-FREE AT 1-888-BLUE-432 (1-888-258-3432). WITH BLUE HEALTH CONNECTION, YOU HAVE ACCESS TO REGISTERED NURSES WHO CAN HELP YOU ASSESS YOUR SYMPTOMS. USING BLUE HEALTH CONNECTION MAY SAVE YOU TIME AND UNNECESSARY OUT-OF-POCKET EXPENSES. YOU CAN ALSO ACCESS OTHER HEALTH RESOURCES ONLINE AT WWW.FEPBLUE.ORG

WHAT YOU OWE

SUMMARY OF OUT-OF-POCKET EXPENSES FOR 2002

CALENDAR YR DEDUCTIBLE	\$	PER ADMISSION COPAY	\$	COINSURANCE	\$	COPAYMENT	\$	NON-COVERED CHARGES	\$	RECERTIFICATION PENALTY	\$	CALENDAR YEAR DEDUCTIBLE		CATASTROPHIC PROTECTION PPO		NON-PPO	
												WHAT YOU HAVE PAID					
												INDIVIDUAL			\$521		\$521
												FAMILY					
												ANNUAL MAXIMUM					
												INDIVIDUAL			\$4,000		\$6,000
												FAMILY					
TOTAL:	\$																

Any resubmission of eligible expenses on this claim must be received no later than December 31 of the calendar year following the date of service or 90 days from the process date on this form, whichever is later.

4C1-57012 - F Rev. 8/95 (B)

P0076



**BlueCross
BlueShield.**

Federal Employee Program

www.fepblue.org

16199

Explanation of Benefits

THIS IS NOT A BILL

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

1-800-282-2473

7:30 A.M. - 5:30 P.M.

07674

YVETTE I BOYKIN
PO BOX 50058

ATLANTA GA
30302



EXPLANATION OF BENEFITS AT A GLANCE

We Sent Check To: PROVIDER OF SERVICE

Patient Name: YVETTE BOYKIN

Dates of Service: 07/01/2002 - 10/25/2002

You Owe the Provider: \$138.75

ID Number:

Claim Number: 00002352015464

Claim Paid On: 01/16/2003

Claim Received On: 12/18/2002

Claim Processed On: 01/10/2003

Provider: MORRIS
Type: PREFERRED PROVIDER

Dates of Service: 07/01/2002 - 10/25/2002

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
PSYCHOLOGICAL CARE	92.52	92.52	241		37.00		55.52	37.00
PSYCHOLOGICAL CARE	69.39	69.39	241		27.75		41.64	27.75
PSYCHOLOGICAL CARE	92.52	92.52	241		37.00		55.52	37.00
PSYCHOLOGICAL CARE	92.52	92.52	241		37.00		55.52	37.00
PSYCHOLOGICAL CARE	69.39		FKE					
TOTALS:	\$416.34	\$346.95		\$0.00	\$138.75	\$0.00	\$208.20	\$138.75

EXPLANATION OF REMARK CODES

FKE--YOU HAVE ALREADY RECEIVED CREDIT TOWARD YOUR DEDUCTIBLE OR RECEIVED BENEFITS FOR THIS CHARGE ON A PREVIOUS CLAIM.

241--TO RECEIVE PREFERRED BENEFITS FOR OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES PREFERRED PROVIDERS MUST SUBMIT A TREATMENT PLAN TO THE LOCAL PLAN PRIOR TO THE NINTH VISIT. ACCORDING TO OUR RECORDS YOUR PREFERRED PROVIDER DID NOT SUBMIT A TREATMENT PLAN FOR THESE SERVICES. THEREFORE, WE ARE PROVIDING NON-PREFERRED (OUT-OF-NETWORK) BENEFITS FOR THESE SERVICES. YOU ARE NOT RESPONSIBLE FOR ANY DIFFERENCE BETWEEN THE COVERED CHARGES AND THE ALLOWABLE CHARGES.

Continued On Next Page

P0077



12407

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

1-800-282-2473
7:30 A.M. - 5:30 P.M.

09095

YVETTE I BOYKIN
4045 ROCKEY VALLEY DR
CONLEY GA
30288-1404



EXPLANATION OF BENEFITS AT A GLANCE	
We Sent Check To:	PROVIDER OF SERVICE
Patient Name:	YVETTE BOYKIN
Dates of Service:	07/24/2006 - 07/24/2006
You Owe the Provider:	\$20.00

ID Number:
Claim Number:
Claim Paid On: 08/03/2006
Claim Received On: 07/27/2006
Claim Processed On: 08/02/2006

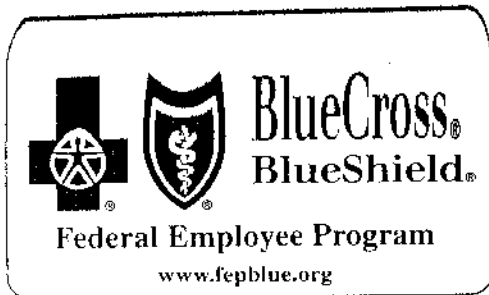
Provider: SERRITELLA
Type: PREFERRED PROVIDER
Dates of Service: 07/24/2006 - 07/24/2006

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
THERAPEUTIC CARE	100.00	100.00			20.00		80.00	20.00
TOTALS:	\$100.00	\$100.00		\$0.00	\$20.00	\$0.00	\$80.00	\$20.00

Summary of Out-of-Pocket Expenses for 2006			
	Calendar Year Deductible	Catastrophic Protection	
		Preferred	Non-Preferred/ Preferred Total
What You Have Paid			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$150	\$0
Annual Maximum			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$5,000	\$0

Your Out-of-Pocket Expenses On This Claim	
Calendar Year Deductible	\$0.00
Per Admission Copay	\$0.00
Coinsurance	\$0.00
Copayment	\$20.00
Non-covered Charges	\$0.00
Precertification Penalty	\$0.00
TOTAL:	\$20.00

If you have questions, please call a customer service representative at your local Blue Cross and Blue Shield Plan. If you disagree with the decision on your claims or request for services, and wish to have the decision reconsidered, you must notify your Plan in writing within 6 months from the date of this decision, i.e. 02/03/2007. See the Disputed Claims Section of your Service Benefit Plan Brochure.



Explanation of Benefits

THIS IS NOT A BILL

08290

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

1-800-282-2473
7:30 A.M. - 5:30 P.M.

06387

YVETTE I BOYKIN
4045 ROCKEY VALLEY DR
CONLEY GA
30288-1404



EXPLANATION OF BENEFITS AT A GLANCE	
We Sent Check To:	PROVIDER OF SERVICE
Patient Name:	YVETTE BOYKIN
Dates of Service:	07/31/2006 - 07/31/2006
You Owe the Provider:	\$20.00

ID Number:
Claim Number:
Claim Paid On: 08/31/2006
Claim Received On: 08/24/2006
Claim Processed On: 08/26/2006

Provider: SERRITELLA
Type: PREFERRED PROVIDER

Dates of Service: 07/31/2006 - 07/31/2006

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
THERAPEUTIC CARE	100.00	66.00	610		20.00		46.00	20.00
TOTALS:	\$100.00	\$66.00		\$0.00	\$20.00	\$0.00	\$46.00	\$20.00

EXPLANATION OF REMARK CODES

610--THE SUBMITTED CHARGES EXCEED OUR ALLOWABLE CHARGES FOR THESE SERVICES. OUR ALLOWABLE CHARGES ARE THE SUBMITTED CHARGES LESS ANY NON-COVERED CHARGES. BECAUSE THIS PROVIDER IS A PREFERRED OR PARTICIPATING NETWORK PROVIDER, YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND OUR ALLOWABLE CHARGES.

Summary of Out-of-Pocket Expenses for 2006			
What You Have Paid	Calendar Year Deductible	Catastrophic Protection	
		Preferred	Non-Preferred/ Preferred Total
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$210	\$0
Annual Maximum			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$5,000	\$0

Your Out-of-Pocket Expenses On This Claim	
Calendar Year Deductible	\$0.00
Per Admission Copay	\$0.00
Coinsurance	\$0.00
Copayment	\$20.00
Non-covered Charges	\$0.00
Precertification Penalty	\$0.00
TOTAL:	\$20.00

If you have questions, please call a customer service representative at your local Blue Cross and Blue Shield Plan. If you disagree with the decision on your claims or request for services, and wish to have the decision reconsidered, you must notify your Plan in writing within 6 months from the date of this decision, i.e. 02/31/2007. See the Disputed Claims Section of your Service Benefit Plan Brochure.

P0079



**BlueCross
BlueShield®**

Federal Employee Program

www.fepblue.org

12526

Explanation of Benefits

THIS IS NOT A BILL

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

1-800-282-2473

7:30 A.M. - 5:30 P.M.

09056

YVETTE I BOYKIN
4045 ROCKY VALLEY DR
CONLEY GA
30288-1404



EXPLANATION OF BENEFITS AT A GLANCE

We Sent Check To: PROVIDER OF SERVICE
Patient Name: YVETTE BOYKIN
Dates of Service: 08/28/2006 - 08/28/2006
You Owe the Provider: \$20.00

ID Number: 0000000000
Claim Number: 0000000000
Claim Paid On: 09/07/2006
Claim Received On: 08/30/2006
Claim Processed On: 08/31/2006

Provider: SERRITELLA
Type: PREFERRED PROVIDER

Dates of Service: 08/28/2006 - 08/28/2006

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
THERAPEUTIC CARE	100.00	66.00	610		20.00		46.00	20.00
TOTALS:	\$100.00	\$66.00		\$0.00	\$20.00	\$0.00	\$46.00	\$20.00

EXPLANATION OF REMARK CODES

610--THE SUBMITTED CHARGES EXCEED OUR ALLOWABLE CHARGES FOR THESE SERVICES. OUR ALLOWABLE CHARGES ARE THE SUBMITTED CHARGES LESS ANY NON-COVERED CHARGES. BECAUSE THIS PROVIDER IS A PREFERRED OR PARTICIPATING NETWORK PROVIDER, YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND OUR ALLOWABLE CHARGES.

Summary of Out-of-Pocket Expenses for 2006

	Calendar Year Deductible	Catastrophic Protection Preferred	Non-Preferred/ Preferred Total
What You Have Paid			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$230	\$0
Annual Maximum			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$5,000	\$0

Your Out-of-Pocket Expenses On This Claim

Calendar Year Deductible	\$0.00
Per Admission Copay	\$0.00
Coinsurance	\$0.00
Copayment	\$20.00
Non-covered Charges	\$0.00
Precertification Penalty	\$0.00
TOTAL:	\$20.00

If you have questions, please call a customer service representative at your local Blue Cross and Blue Shield Plan. If you disagree with the decision on your claims or request for services, and wish to have the decision reconsidered, you must notify your Plan in writing within 6 months from the date of this decision, i.e. 03/07/2007. See the Disputed Claims Section of your Service Benefit Plan Brochure.

P0080

Explanation of Benefits**THIS IS NOT A BILL****BlueCross
BlueShield****Federal Employee Program**

www.fepblue.org

BLUE CROSS & BLUE SHIELD OF GEORGIA
POST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

1-800-282-2473

7:30 A.M. - 5:30 P.M.

YVETTE I BOYKIN
4045 ROCKEY VALLEY DR
CONLEY GA
30288-1404**EXPLANATION OF BENEFITS AT A GLANCE**

We Sent Check To: PROVIDER OF SERVICE

Patient Name: YVETTE BOYKIN

Dates of Service: 09/07/2006 - 09/07/2006

You Owe the Provider: \$20.00

ID Number:

Claim Number:

Claim Paid On: 09/14/2006

Claim Received On: 09/11/2006

Claim Processed On: 09/13/2006

Provider: SERRITELLA
Type: PREFERRED PROVIDER

Dates of Service: 09/07/2006 - 09/07/2006

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
THERAPEUTIC CARE	100.00	66.00	610		20.00		46.00	20.00
TOTALS:	\$100.00	\$66.00		\$0.00	\$20.00	\$0.00	\$46.00	\$20.00

EXPLANATION OF REMARK CODES

610--THE SUBMITTED CHARGES EXCEED OUR ALLOWABLE CHARGES FOR THESE SERVICES. OUR ALLOWABLE CHARGES ARE THE SUBMITTED CHARGES LESS ANY NON-COVERED CHARGES. BECAUSE THIS PROVIDER IS A PREFERRED OR PARTICIPATING NETWORK PROVIDER, YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND OUR ALLOWABLE CHARGES.

Summary of Out-of-Pocket Expenses for 2006

	Calendar Year Deductible	Catastrophic Protection	
		Preferred	Non-Preferred/ Preferred Total
What You Have Paid			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$310	\$0
Annual Maximum			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$5,000	\$0

Your Out-of-Pocket Expenses On This Claim

Calendar Year Deductible	\$0.00
Per Admission Copay	\$0.00
Coinsurance	\$0.00
Copayment	\$20.00
Non-covered Charges	\$0.00
Precertification Penalty	\$0.00
TOTAL:	\$20.00

If you have questions, please call a customer service representative at your local Blue Cross and Blue Shield Plan. If you disagree with the decision on your claims or request for services, and wish to have the decision reconsidered, you must notify your Plan in writing within 6 months from the date of this decision, i.e. 03/14/2007. See the Disputed Claims Section of your Service Benefit Plan Brochure.

09098


**BlueCross
BlueShield**
Federal Employee Program

www.fepblue.org

Explanation of Benefits

THIS IS NOT A BILL

 BLUE CROSS & BLUE SHIELD OF GEORGIA
 POST OFFICE BOX 7037
 COLUMBUS, GA 31908-7037

1-800-282-2473

7:30 A.M. - 5:30 P.M.

06911

 YVETTE I BOYKIN
 4045 ROCKEY VALLEY DR
 CONLEY GA
 30288-1404

EXPLANATION OF BENEFITS AT A GLANCE

 We Sent Check To: PROVIDER OF SERVICE
 Patient Name: YVETTE BOYKIN
 Dates of Service: 10/04/2006 - 10/04/2006
 You Owe the Provider: \$20.00

 ID Number:
 Claim Number: 2495
 Claim Paid On: 10/12/2006
 Claim Received On: 10/06/2006
 Claim Processed On: 10/11/2006

 Provider: SERRITELLA
 Type: PREFERRED PROVIDER

Dates of Service: 10/04/2006 - 10/04/2006

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
THERAPEUTIC CARE	100.00	66.00	610		20.00		46.00	20.00
TOTALS:	\$100.00	\$66.00		\$0.00	\$20.00	\$0.00	\$46.00	\$20.00

EXPLANATION OF REMARK CODES

610--THE SUBMITTED CHARGES EXCEED OUR ALLOWABLE CHARGES FOR THESE SERVICES. OUR ALLOWABLE CHARGES ARE THE SUBMITTED CHARGES LESS ANY NON-COVERED CHARGES. BECAUSE THIS PROVIDER IS A PREFERRED OR PARTICIPATING NETWORK PROVIDER, YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE SUBMITTED CHARGES AND OUR ALLOWABLE CHARGES.

Summary of Out-of-Pocket Expenses for 2006

What You Have Paid	Calendar Year Deductible	Catastrophic Protection	
		Preferred	Non-Preferred/ Preferred Total
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$370	\$0
Annual Maximum:			
Individual	\$0.00	\$0	\$0
Family	\$0.00	\$5,000	\$0

Your Out-of-Pocket Expenses On This Claim

Calendar Year Deductible	\$0.00
Per Admission Copay	\$0.00
Coinsurance	\$0.00
Copayment	\$20.00
Non-covered Charges	\$0.00
Precertification Penalty	\$0.00
TOTAL:	\$20.00

If you have questions, please call a customer service representative at your local Blue Cross and Blue Shield Plan. If you disagree with the decision on your claims or request for services, and wish to have the decision reconsidered, you must notify your Plan in writing within 6 months from the date of this decision, i.e. 04/12/2007. See the Disputed Claims Section of your Service Benefit Plan Brochure.

 P0082
 CON0020-CUT (1/03)

PRINTED IN USA BY RELIZON COMPANY (407) 581-9955 REV. 12/00

AirTran.
AIRWAYS

Itinerary Number
WRJGDS

Passenger Name
BOYKINS VIVETTE

Payment Type
Employee

GO. THERE'S NOTHING STOPPING YOU

05NOV05	FLT 355	
Dep	ATLANTA, GA	1250
Arr	NEW YORK CIT	1500
07NOV05	FLT 365	
Dep	NEW YORK CIT	1300
Arr	ATLANTA, GA	1521

Total Fare	\$50.00
Total Taxes	\$0.00
Total 9-11 Security Fee(s)	\$5.00
Total Post Facility Charge(s)	\$0.00
Other Charges	\$0.00
Total Cost	\$55.00

Contact TLC Dial
3-1-1

TO: *to airport*
FROM: *Key Bank*
DATE: 11/07/2005
TIME: 11:12
STREET: 11:12
TRIP # 2738
MILES 11.53
FARE \$ 26.50

PO083

receipt & itinerary

Thank you for choosing AirTran Airways.

We will send you an email message containing your itinerary. To ensure you receive the message, you may wish to add confirmations@airtran.com to your address book.

confirmation number: TDCZTX

Booking date: Tue, Apr 03, 2007 Status: Confirmed

Should our flight schedule change, we will notify you by email as early as possible.

Flight Details

Departing: Wednesday, May 02, 2007

Atlanta, GA (ATL)	to New York, NY - LaGuardia (LGA)	Flight 360	Coach
8:10 AM	10:25 AM		

Returning: Saturday, May 05, 2007

New York, NY - LaGuardia (LGA)	to Atlanta, GA (ATL)	Flight 361	Coach
11:05 AM	1:36 PM		

Passengers and Seat Assignments

Passenger	A+ Number	ATL-LGA	LGA-ATL
YVETTE BOYKIN	—	—	—

Contact Information

YVETTE BOYKIN
 4045 ROCKEY VALLEY DRIVE
 CONLEY, GA 30288
 United States of America

yboykin@bellsouth.net
 404-244-1742 (Tel)
 404-313-0696 (Alt)

Pricing

Total for 1 passenger (full detail)

Fare price:	\$156.28
Taxes/fees:	\$32.52
Total price:	\$188.80

Payments

Payment via Credit Card

Form of payment:	Discover
Payment status:	Declined
Payment amount:	\$188.80

Payment via Credit Card

Form of payment:	Discover
Payment status:	Confirmed
Payment amount:	\$188.80

Terms and Conditions

<https://tickets.airtran.com/PrintItinerary.aspx>

04/04/2007

P0084

*NY
 airport \$40 - 1 way = \$80
 Atlanta Por - \$38 - 9 day
 food - 150 - subway 2/
 \$268 = \$500*

H-J ATLANTA INT'L
AIRPORT

PO Box 20786
Atlanta, GA 30320
Customer Service:
404-530-6725

Cashier : 160 Seq # 41626
License Plate : Y34ZK1T
Ent : 06:45 05/02/07 Lane 7
Exit: 15:16 05/05/07 Lane 44
Duration: 3D(s) 8H(s) 31M(s)
Rate Code: 16

FEE	\$	36.00
AMOUNT TEND	\$	50.00
CASH	\$	36.00
CREDIT CARD	\$	0.00
CHECK	\$	0.00
CHANGE CALC	\$	14.00

PAID AT CT \$ 36.00

Taxes Included

*** Thank You ***

P0085

Agency:FL/WWW Ag:111111111 Booked:01Ju
 108 20:27 Mod:23Jul08 Confirmed OnQ:0
 Rec Locator:ED8MVX Received:INET
 Lng:en-US Cur:USD Dis:Email
 01 FL 556 SE:V 23Jul We ATLBUF 0 HK0
 1 2030/2231 VL10ABXN F

\$89.00 \$89.00
 02 FL 560 T 29Jul Tu BUFATL 0 HK01 1
 042/1239 T21QN 166.00 166.00
 ADT USD 255.00 36.00
 Tot 291.00 291.00USD
 SEC 5.00 PFC 9.00 SEG 7.00 Q 15.00

1 USD 255.00 36.00
 Tot 291.00 291.00USD
 SEC 5.00 PFC 9.00 SEG 7.00 Q 15.00

nts	Balance	Total-cost	Payme
Saved (USD):		\$320.00	\$320
.00	\$0.00		
Current (USD):		\$320.00	\$320
.00	\$0.00		
FEE 01/001 OV8	:Oversized :63INCHES		
	29.00USD	29.00USD	

Names:01
 ice/IATA#:IATA#
 1.BOYKIN/YVETTE=MS,ADT Invo

Currency Base:USD Code:USD Pax Residence C
 ountry:US
 Phones: H>4042441742 W>4043130696

Payments(2):

01_DS *****9233-0110 \$291.00
 \$0.00 A#001384 \$291.00 USD
 02_VI *****0794-0710 \$29.00
 \$0.00 A#006386 \$29.00 USD
 Comments:0F <Use .C to see all comments.>

ED8MVX:>

P0086

Explanation of Benefits

THIS IS NOT A BILL

00118



**BlueCross.
BlueShield.**

Federal Employee Program

www.fepblue.org

BLUE CROSS & BLUE SHIELD OF GEORGIA
PDST OFFICE BOX 7037
COLUMBUS, GA 31908-7037

1-800-282-2473

7:30 A.M. - 5:30 P.M.

00106

YVETTE I BOYKIN
4045 ROCKEY VALLEY DR
CONLEY GA
30288-1404



EXPLANATION OF BENEFITS AT A GLANCE

Patient Name: YVETTE

Dates of Service: 10/18/2005 - 10/18/2005

ID Number:

Claim Number: 000052915B7156

Claim Received On: 10/19/2005

Claim Processed On: 11/09/2005

Provider: DOBES JR
Type: PREFERRED PROVIDER

Dates of Service: 10/18/2005 - 10/18/2005

Type of Service	Submitted Charges	Plan Allowance	Remark Codes	Deduct	Coinsurance Or Copay	Medicare/ Other Ins.	What We Paid	You Owe the Provider
MEDICAL CARE	89.00		165					89.00
TOTALS:	89.00							89.00

EXPLANATION OF REMARK CODES

165--WE DO NOT PROVIDE BENEFITS FOR SERVICES AND SUPPLIES NOT SPECIFICALLY LISTED AS COVERED IN YOUR BLUE CROSS AND BLUE SHIELD SERVICE BENEFIT PLAN BROCHURE. EVEN THOUGH YOUR DOCTOR MAY HAVE ORDERED THESE SERVICES AND SUPPLIES, YOU ARE RESPONSIBLE FOR THESE CHARGES.

If you have questions, please call a customer service representative at your local Blue Cross and Blue Shield Plan. If you disagree with the decision on your claims or request for services, and wish to have the decision reconsidered, you must notify your Plan in writing within 6 months from the date of this decision, i.e. 05/09/2006. See the Disputed Claims Section of your Service Benefit Plan Brochure.

P0087

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
101805	MYERS, PA-C	NEW PT EXPANDED PROB. FOCUSED BCBS FEDERAL STATES THIS IS A NON-COVERED SERVICE. PLEASE PAY.	YVETTE	89.00	
101805	MYERS, PA-C	PAYMENT BY CHECK#1177	YVETTE		-15.00
WE ACCEPT VISA, MASTERCARD, & DISCOVER					
STATEMENT CLOSING DATE: 02/27/06 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:				141432	
				PATIENT BALANCE PAY THIS AMOUNT	
				74.00	
SEND INQUIRIES TO:					
DERMATOLOGY CONSULTANTS PC 2045 PEACHTREE RD STE 525 ATLANTA GA 30309			(404) 351-7546 IF YOUR PAYMENT IS IN THE MAIL, PLEASE DISREGARD THIS NOTICE.		

P0088

Photo of Plaintiff's Stress Related Hair Loss 10/18/05



P0089

MARRIAGE CERTIFICATE

State of Georgia

County of DeKalb

This Certifies that

ROBERT ROZIER JR

and

YVETTE IRENE BOYKIN

were united in

MARRIAGE

J. DOUGLAS CHILDERS, PASTOR

by
on the 10TH

day of

SEPTEMBER

2005

in the City of CONLEY

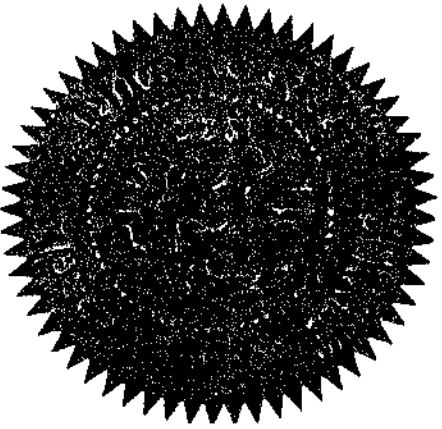
County of DEKALB

Georgia. As appears of record in my office in Marriage
Record Book 180 Page 227 This 14TH

day of

SEPTEMBER

2005



Judge of the Probate Court, DEKALB, GA

Paul Debra Cook

10089

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

Yvette Boykin

Petitioner,

v.

Robert Rozier, Jr.

Respondent.

CIVIL ACTION

FILE NO. 2006CV124760

FINAL JUDGMENT AND DECREE

Upon consideration of this case, upon evidence submitted as provided by law, it is the judgment of the Court that a total divorce be granted, that is to say, a divorce *vinculo matrimonii*, between the parties to the above stated case, upon legal principles.

IT IS CONSIDERED, ORDERED AND DECREED by this Court that the marriage contract heretofore entered into between the parties to this case, from and after this date, be and is set aside and dissolved as fully and effectually as if no such contract had ever been made or entered into.

Petitioner and Respondent in the future shall be held and considered as separate and distinct persons altogether unconnected by any nuptial union or civil contract whatsoever, and both shall have the right to remarry.


(Check the boxes that apply)

☐ The Court restores to (Petitioner/Respondent) his/her prior or maiden name, to wit:

☒ The Agreement entered into between the parties on December 5, 2006 and filed with the Court on December 5, 2006 is hereby incorporated into and made a part of this Final Judgment and Decree. Each party is ORDERED to abide by the terms of that agreement.

☐ The Petitioner / Respondent shall attend the required seminar for divorcing parents within 30 days from the date of this Order.

DECREE AND ORDER entered this 5 day of December, 2006


JUDGE/Judicial Officer
Fulton Superior Court, Family Division
Atlanta Judicial Circuit

P0090

Clayton College & State University

By authority of the

Board of Regents of the University System of Georgia
on the recommendation of the Faculty of the University

herby awards

Thelma Irene Boykin

the Certificate of

Paralegal Studies

with all rights, responsibilities, honors, and privileges thereunto appertaining.

In witness whereof, the Seal of the University and the signatures

of duly authorized officers are affixed.

Given this eleventh day of December, two thousand and three.

Thomas C. Mueller
Chancellor of the University System

William C. Shuman
Registrar



Thomas C. Mueller
President

William C. Shuman
President and Vice President of the University System

P00 91

AWARD LETTER

Clayton College & State University
Financial Aid Office
5900 North Lee Street
Morrow, Georgia 30260
(770) 960-4262

October 29, 2003

Yvette I Boykin
4045 Rocky Valley Drive
Conley, GA 30288

Dear Yvette:

We have completed our review of your 2003–2004 application for financial aid for the terms listed below. This tentative award is based on full-time enrollment (12 credit hours or more in your major). The award amounts on this letter will be adjusted accordingly if you are enrolled for less than 12 hours or if new information reveals you are not in compliance with federal or state regulations.

Your award has been revised based on updated information. This award letter supersedes any previous award you may have received. If you have questions, please contact the Office of Financial Aid at FinancialAid@mail.clayton.edu.

<u>SOURCE</u>	<u>FALL</u>	<u>SPRING</u>	<u>SUMMER</u>	<u>TOTAL</u>
Hope Grant		1,335.00	1,335.00	\$2,670.00
Hope Grant Books		150.00	150.00	\$300.00
		\$1,485.00	\$1,485.00	\$2,970.00

Please be sure to read the enclosed Frequently Asked Questions (FAQ) attached and the Important Additional Information on the reverse side of this letter. You are responsible for knowing its content, as well as other information it refers you to read, including the Student Catalog, Schedule of Classes, and financial aid related Websites.

P0092

This is your ACKNOWLEDGMENT

Page 1 of 1



FID Number: 74-2616805

Customer Number: 026785714

Invoice Number: 181614794

Sales Rep: JASON DICKERSON

Purchase Order: NAONLINECUST

For Sales: (800)274-7799

Order Number: 181614794

Sales Fax: (800)365-5329

Order Date: 12/09/02

For Customer Service: (800)274-7799

23 01 A 01 01 N

For Technical Support: (800)234-1490

Invoice Date: 12/19/02

Payment Terms: AMERICAN EXPRESS

Shipped Via: UPS Commercial

Waybill Number: R588V94200318774

Dell Online: http://www.dell.com

SOLD TO:

#BWNH1KPV
#0267 8571 42# 00004826 1 MB 0.309 01

YVETTE I BOYKIN

RESIDENCE

4045 ROCKEY VALLEY DR

CONLEY GA 30288-1404

SHIP TO:

YVETTE I BOYKIN

RESIDENCE

4045 ROCKEY VALLEY DR

CONLEY, GA 30288

PLEASE REVIEW IMPORTANT TERMS & CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE

Order	Shipped	Item Number	Description	Unit	Unit Price	Amount
1	1	221-1658	Inspiron 2650, 14.1 XGA, Mobile Celeron 1.5GHz	EA	965.00	965.00
1	1	311-1592	256MB DDR SDRAM, 200MHz, 2 DIMMS, 12650	EA	0.00	0.00
1	1	320-0129	16MB DDR 4X AGP NVIDIA GeForce 2 Go Video, Inspiron 2600	EA	0.00	0.00
1	1	340-3876	20GB Ultra ATA Hard Drive Inspiron 2650	EA	0.00	0.00
1	1	340-3049	Floppy Drive Inspiron 2650	EA	0.00	0.00
1	1	313-0929	PRCD (Resource CD KIT)	EA	0.00	0.00
1	1	412-0315	Dell Support 2.0 for Inspiron 2650	EA	0.00	0.00
1	1	420-1954	Microsoft Windows XP Home SP1, Inspiron 2650, English	EA	0.00	0.00
1	1	430-0257	Integrated NIC for Inspiron 2600	EA	0.00	0.00
1	1	313-0503	Internal 56K Modem for Inspiron 2600/2650	EA	0.00	0.00
1	1	461-6383	FREE 24XCD-RW Drive Upgrade Inspiron 2650	EA	0.00	0.00
1	1	412-0298	MusicMatch 7.1x Basic	EA	0.00	0.00
1	1	312-0017	59 WHr Lithium Ion 8-Cell Battery, Inspiron 2600	EA	0.00	0.00
1	1	412-0283	AOL 7.0 Factory Install for US PUB	EA	0.00	0.00
1	1	412-0287	AOL 7.0 Buddy Rom	EA	0.00	0.00
1	1	412-0275	Dell Picture Studio Image Expert Standard, Inspiron	EA	0.00	0.00
1	1	412-0277	Dell Picture Studio Paint Shop Pro Try and Buy, Inspiron	EA	0.00	0.00
1	1	412-0303	Wordperfect productivity pack with Quicken New User Edition and Briannica ready reference OEM	EA	0.00	0.00
1	1	950-3339	*3 Year Limited Warranty	EA	0.00	0.00
1	1	950-3550	*Type 12- Mail-In Service, 24x7 Technical Support, Initial Year	EA	0.00	0.00
1	1	950-3552	*Type 12- Mail-In Service, 24x7 Technical Support, 2 Year Extended	EA	0.00	0.00
1	1	461-7596	DHS Instant \$50 Off	EA	0.00	0.00
System Service Tags			78B4621			

* Service contract may be subject to sales tax.

Any on-site or other service covers Dell system hardware only.

PLEASE KEEP ORIGINAL BOX FOR ALL RETURNS. COMPREHENSIVE ONLINE CUSTOMER CARE INFORMATION AND ASSISTANCE IS A CLICK AWAY AT WWW.DELL.COM/PUBLIC-ECARE TO ANSWER A VARIETY OF QUESTIONS REGARDING YOUR DELL ORDER.

Ship. &/or Handling	\$	40.00
Subtotal	\$	1,005.00
Taxable:	Tax:	
\$ 1,005.00	\$	70.35
Invoice Total	\$	1,075.35
AMERICAN EXPRESS	\$	1,075.35
	\$	
	\$	
Balance Due	\$	0.00

GEORGIA STATE UNIVERSITY

STUDENT NAME AND ADDRESS

YVETTE IRENE BOYKIN
4045 ROCKY VALLEY DRIVE
CONLEY GA 30288

STUDENT NUMBER

BIRTH DATE

07/05/48

RAISED SEAL NOT REQUIRED

NAME AND LOCATION OF LAST COLLEGE

TROY STATE UNIVERSITY

DOTHAN

AL

PERIOD OF ATTENDANCE

96-97

Evelyn R. Babey, Registrar

PRINT DATE 02/14/01

COURSE DESIGNATION	TITLE OF COURSE	QTR HRS CARRIED	GRADE	QTR HRS EARNED	QUALITY POINTS	COURSE DESIGNATION	TITLE OF COURSE	QTR HRS CARRIED	GRADE	QTR HRS EARNED	QUALITY POINTS
--------------------	-----------------	-----------------	-------	----------------	----------------	--------------------	-----------------	-----------------	-------	----------------	----------------

TRANSFER HOURS
(SEE CATALOG FOR LIMITATIONS)

TROY STATE UNIVERSITY 1996 - 1997
GRADUATE - 6.0 SEMESTER HOURS

MISCELLANEOUS TRANSFER CREDIT
UNDERGRAD - 6.0 QUARTER HOURS

*** UNIVERSITY SYSTEM OF GEORGIA IMMUNIZATION ***
*** REQUIREMENT HAS BEEN SATISFIED ***

***** CONVERSION TO SEMESTER SYSTEM - FALL 1998 *****
***** QTR CUM: 0.0C 0.0E 0.0P 0.00AV *****
***** SEM CUM: 0.0C 0.0E 0.0P 0.00AV *****

*** BEGIN GRADUATE STUDY ***

SPRING SEMESTER 1999 PSMGA
PAUS 8171 PUB. MGT. SYS. & STRAT. 3.0 B 3.0 9.0
CUM: 3.0C 3.0E 9.0P 3.00AV QTR:3.00AV 3.0 3.0 9.0
SUMMER TERM 1999 PSMGA
PAUS 8101 TECH RESOURCES RESEARCH 1.0 A 1.0 4.0
PAUS 8102 PRES SKILLS PUB MANAGERS 1.0 A 1.0 4.0
CUM: 5.0C 5.0E 17.0P 3.40AV QTR:4.00AV 2.0 2.0 8.0
FALL SEMESTER 1999 PSMGA
PAUS 8121 APPLIED RES. METH. STAT I 3.0 B 3.0 9.0
PAUS 8151 PUBLIC PERSONNEL ADMIN. 3.0 A 3.0 12.0
CUM: 11.0C 11.0E 38.0P 3.45AV QTR:3.50AV 6.0 6.0 21.0
SPRING SEMESTER 2000 PSMGA
PAUS 8131 APPLIED RES. METH. STAT II 3.0 B 3.0 9.0
PAUS 8181 EXEC LEADERSHIP PUB SECT 1.0 A 1.0 4.0
PAUS 8431 PUBLIC ORGANIZ. THEORY 3.0 A 3.0 12.0
CUM: 18.0C 18.0E 63.0P 3.50AV QTR:3.57AV 7.0 7.0 25.0
SUMMER TERM 2000 PSMGA
PAUS 8141 MICROECON FOR PUB POLICY 3.0 B 3.0 9.0
CUM: 21.0C 21.0E 72.0P 3.43AV QTR:3.00AV 3.0 3.0 9.0
FALL SEMESTER 2000 PSMGA
PAUS 8761 DIAGNOSING HRD NEEDS 3.0 A 3.0 12.0
PAUS 8831 STRATEGIC & TECH TRAINING 3.0 A 3.0 12.0
PAUS 8911 DIRECTED READINGS 3.0 A 3.0 12.0
CUM: 30.0C 30.0E 108.0P 3.60AV QTR:4.00AV 9.0 9.0 36.0

GRADUATED DECEMBER 22, 2000

SCHOOL: POLICY STUDIES
DEGREE: MASTER OF PUBLIC ADMINISTRATION
CONCENTRAT: HUMAN RESOURCES
GPA: GRADUATION GPA = 3.60

SPRING SEMESTER 2001 PSMGA
PAUS 8771 DESIGNING INSTR. SYSTEMS 3.0 V 0.0 0.0
CUM: 30.0C 30.0E 108.0P 3.60AV QTR:0.00AV 0.0 0.0 0.0

*** SUMMARY DATA ***

CURRENT PROGRAM	PSMGA	HUR		
LAST TERM GPA	4.00	9.0	9.0	36.0
CUMULATIVE GPA	3.60	30.0	30.0	108.0
UNDERGRADUATE GPA	0.00	0.0	6.0	0.0
GRADUATE GPA	3.60	30.0	30.0	108.0

NO ENTRIES BELOW THIS LINE

P0094

DEPARTMENT OF PUBLIC ADMINISTRATION
AND URBAN STUDIES
School of Policy Studies

University Plaza
Atlanta, GA 30303 3083
Phone: 404/651-3350
Fax: 404/651-1378



Atlanta, October 8, 2001

Ms. Yvette Boykin
4045 Rockey Valley Drive
Conley, GA. 30288

Dear Ms. Boykin,

I am writing to both thank and commend you for your recent presentation to students in my MS course on Human Resource Development (HRD) Diagnosis. You very generously and patiently walked students through your design and development of a front-end analysis study of key performance problems.

You offered an example of excellent HRD. Your presentation was well documented and well conceptualized. You are an admirable ambassador for our graduate program in HRD. As a student in several of my classes, you were always committed, very hard working and creative in your problem solving.

It is a great pleasure to work with alumni like you. While you are missed, now that you are an alumni, my colleagues and I are gratified that individuals like you are able to contribute so much to their organizations as well as "give back" to current students through your presentations, advice, and support.

Most sincerely,

A handwritten signature in cursive script that reads "Carol D. Hansen".

Carol D. Hansen, Ph.D.
Associate Professor of HRD
Andrew Young School of Policy Studies
Georgia State University
404-651-1653
chansen@gsu.edu

Capstone Institute of Mortgage Finance

2000 Powers Ferry Road
Suite 2-3
Marietta, GA 30067

Invoice

Customer No.: 005366

Invoice No.: 6105

Bill To: **Yvette Boykin**
4045 Rockey Valley Drive
Conley, GA 30288

Ship To: **Yvette Boykin**
4045 Rockey Valley Drive
Conley, GA 30288

Date	Ship Via		F.O.B.	Terms		
03/21/08			Origin	Prepaid		
Purchase Order Number		Order Date	Sales Person		Our Order Number	
		03/21/08	Judy Shockley			
Quantity			Item Number	Description	Unit Price	Amount
Required	Shipped	B.O.				

1	1	C1022	Principles Of Mortgage Finance	895.00	895.00
---	---	-------	--------------------------------	--------	--------

1	1	B1022	Principles Of Mortgage Finance	0.00	0.00
---	---	-------	--------------------------------	------	------

April 5-6 and 12-13, 2008

Invoice subtotal 895.00

Invoice total 895.00

Less payments received 895.00

Net balance due 0.00

Thank you for your business!

Thank You

P0096



Certificate of Completion

Recognizing the completion of all requirements in

"Strengthening Families"

A Collaborative Effort of DeKalb County Juvenile Courts & The Georgia Council on Child Abuse

Be it known that:

Yvette Boykin

is hereby awarded this certificate which attests to this achievement.

March 23, 2000

Lekesia Ferguson
(Lekesia Ferguson, BA)

GCCA's Atlanta Outreach Center
1375 Peachtree Street
Atlanta, Georgia

Mohra Hill
Mohra Hill, LMSW

PO097

SHERYL J. CROFT
PRINCIPAL



JAMES R. HALLFORD
SUPERINTENDENT

DeKalb County School System
CEDAR GROVE HIGH SCHOOL
2360 River Road
Ellenwood, Georgia 30294-1128
(404) 243-3770

December 08, 2000

Ms. Yvette I. Boykin
4045 Rockey Valley Dr.
Conley, Ga. 30288

Dear Ms. Boykin:

Your son/daughter has been charged with #7a-assault, #7b-simple battery, #11-classroom and #13-profanity the Code of Conduct/Local School Rules. The incident allegedly occurred on December 07, 2000 at approximately 2:00 a.m./p.m. This charge, if proven, could lead to a 4 to 10 day suspension or to expulsion.

A formal hearing has been scheduled in the office of the assistant principal on December 12, 2000 at 10:15 a.m./p.m. The purpose of the formal hearing is to determine the facts of the case and to determine guilt or innocence of the charge(s).

The following witness(es) are expected testify at the formal hearing:

Mr. Ronald Davis, Assistant Principal, is expected to testify that: #7a, #7b, #11 and #13.

You will be afforded the opportunity to question witnesses presented by the school and to call witnesses on behalf of your child. The hearing officer will determine if appropriate disciplinary action is warranted or if your child is innocent.

You may waive your right to attend the formal hearing, if you so desire. If you waive your right to attend the formal hearing, please return the attached form to the school. The formal hearing will proceed as scheduled.

I regret that this action is necessary. If you have questions, please call me at (404)243-3771.

Sincerely yours,

A handwritten signature in black ink, appearing to read "R. Davis", is written over the typed name.

Ronald Davis
Assistant Principal

C: Dr. Percy Mack

RECEIVED MAR 03 2003

4045 Rockey Valley Drive
Conley, GA 30288
404-244-1742
yboykin@bellsouth.net

February 26, 2003

Barbara Sims, Esq.
McKelvey, Sims, Davis & Lazroe, LLP

CERTIFIED MAIL- RRR

120 Delaware Avenue
118 W. Mohawk Street-3rd Floor
Buffalo, New York 14202

Dear Attorney Sims:

RE: Boykin v. Bank of America, Key Bank,
and New York State Division of Human Rights (DHR)

This is a follow-up to my letter to you dated January 11, 2003 that was received by certified mail from Joanne Johnson of your office on January 16, 2003.

As I informed you in this letter, I have decided to pursue the referenced matter pro se. Therefore, I am no longer retaining your legal services and would appreciate it if you send me the information I requested. Please note that you have the original case file documents that I obtained from DHR under the FOIA. I need these documents and believe that you have had a reasonable period of time to send the information I requested.

Thank you for your assistance in this matter and please send my documents by overnight mail within three days from your receipt of this matter, even if you have to send them C.O.D. Time is of the essence and I have a lot of work to do to file my claims.

Please contact me at the addresses or telephone number above if you have any questions.

Very Truly Yours,



Yvette Boykin




P0099

TRANSACTION DETAIL REPORT

EXCEL FEDERAL CREDIT UNION

Account #



CATEGORY	DATE	DESCRIPTION	AMOUNT
 MERCHANDISE	8/15/03	WAL MART	9.83
		TOTAL MERCHANDISE	9.83
 CASH ADVANCES	7/28/03	EXCEL FEDERAL CREDIT U	4,000.00
		TOTAL CASH ADVANCES	4,000.00
 FINANCE CHARGES	8/13/03	FINANCE CHARGE - CASH	11.80
	9/12/03	FINANCE CHARGE - CASH	20.53
	10/13/03	FINANCE CHARGE - CASH	20.09
	10/13/03	FINANCE CHARGE - PURCHASE	0.05
	11/13/03	FINANCE CHARGE - PURCHASE	0.05
	11/13/03	FINANCE CHARGE - CASH	19.10
	12/11/03	FINANCE CHARGE - CASH	18.51
	12/11/03	FINANCE CHARGE - PURCHASE	0.05
		TOTAL FINANCE CHARGES	90.18

Direct Loans

William D. Ford Federal Direct Loan Program

12/09/2004

000456

Yvette I Boykin
4045 Rockey Valley Drive
Conley, GA 30288

Borrower Account Number: 10000000000000000000
Student Name: Yvette I Boykin
School Name: Howard University

Dear Yvette I Boykin,

We have reviewed your application for a Direct PLUS Loan and are pleased to inform you that we have approved your application for a loan in the amount of \$7,000. Our decision was based on favorable information obtained in a credit report from:

EQUIFAX CREDIT INFO SVCS
P O BOX 740241
ATLANTA, GA 30374
(800)685-1111

Your student's school has also been informed of our decision. The school will contact you upon final approval of your application. The school will also notify you when funds are disbursed, and we will contact you at that time to confirm the loan information. Your first payment will be due within 60 days of the final disbursement of your loan. We will notify you of the amount of your payment and the due date.

Interest is charged from the date of the first disbursement of your loan, but the repayment period does not begin until the final disbursement of the loan. Until your final disbursement, you will receive quarterly statements reflecting the interest that has accrued since the date of the first disbursement. When you receive this statement you may choose to pay the interest at that time, or have it capitalized (added to the principal loan balance) when the loan enters into repayment. Instructions for payment of interest will be explained in further detail on your statement.

If you have any questions, the Customer Service Center is available to assist you from 8:00 AM to 8:00 PM, eastern time, Monday through Friday. We can be reached, toll-free, at 1-800-557-7394. The hearing impaired toll-free TDD number is 1-877-461-7010.

Please address all correspondence to:

U.S. Department of Education
Applicant Services
P.O. Box 5691
Montgomery, AL 36103-5691

COR007

20101

Direct Loans Annual Statement

For Year Ending 12/31/2006

YVETTE IBOYKIN

4045 ROCKEY VALLEY DRIVE
CONLEY GA 30288-1404

Account Number

Questions? 1-800-848-0979

The following information summarizes all financial activity occurring on your loan(s) for the 12-month period beginning January 01, 2006 and ending December 31, 2006. Please see the back of this statement for important Definition of Terms for Your Annual Statement.

Activity For The Year	Principal Balance	Interest Balance	Late Charges
Beginning Balance - as of 01/01/2006	\$6,639.05	\$26.62	\$0.00
Net Disbursement Activity	\$2,000.00		
Net Misc. Adjustments	\$0.05		
Capitalized Interest	\$0.00	\$0.00	
Rebate Activity	\$106.00		
Interest/Late Charges Accrued		\$498.48	\$0.00
Payment(s) Applied \$1,065.45	\$607.87-	\$457.58-	\$0.00
Ending Balance - as of 12/31/2006	\$8,137.23	\$67.52	\$0.00

Year-End Balance = \$8,204.75

This section of your Annual Statement provides cumulative life-to-date information for your Direct Loan(s).

AMOUNT OF LOANS	\$9,000.00	PRINCIPAL PAID	\$968.77
LOAN ADJUSTMENTS	\$0.00	INTEREST PAID	\$778.65
ADJUSTED LOAN AMOUNT	\$9,000.00	LATE CHARGES PAID	\$0.00
REBATE LOST	\$106.00	CAPITALIZED INTEREST	\$0.00

The above information is not to be used for income tax purposes.

STA3AV11

The below 1098-E can be used for income tax purposes.

000072864

Questions? Contact Your Preparer or 1-800-TAX-1040

☐ CORRECTED (if checked)

Recipient's/Lender's name, address, and telephone number U.S. DEPARTMENT OF EDUCATION P.O. BOX 5609 GREENVILLE, TX 75403-5609 1-800-848-0979		OMB No. 1545-1576 2006 Form 1098-E
Recipient's Federal Identification No. *****AUTO** 3-DIGIT 302 000000295000072864 YVETTE IBOYKIN 4045 ROCKEY VALLEY DRIVE CONLEY GA 30288-1404	Borrower's Social Security Number 	1 Student Loan Interest Received by Lender \$537.63
Account Number (see instructions)		2 Box 1 includes loan origination fees and/or capitalized interest (if checked) <input checked="" type="checkbox"/>

**Student
Loan Interest
Statement**

**Copy B
For Borrower**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

Form 1098-E

(keep for your records)

Department of the Treasury - Internal Revenue Service

Direct Loans

William D. Ford Federal Direct Loan Program

U.S. Department of Education
P.O. Box 9003
Niagara Falls, NY 14302-9003

Disclosure Statement

William D. Ford Federal Direct Loan Program

Direct PLUS Loan

Borrower Information

1. Name and Address

2. Date of Disclosure Statement
07/31/2006

001061

Boykin, Yvette I
4045 Rockey Valley Dr
Conley, GA 30288

3. Area Code/Telephone Number
(404)244-1742

School Information

4. School Name and Address

5. School Code/Branch
G01448

Howard University
2400 Sixth Street, Nw
Washington, DC 20059-0001

Student Information

6. Student's Name

7. Student's Social Security Number

8. Student's Date of Birth

Loan Information

9. Loan Identification Number

10. Loan Period
08/28/2006 – 05/11/2007

11. Loan Fee %
4.000%

12. Information about the loan that the school plans to disburse (pay out) follows. This information is explained in detail on the back. The actual disbursement dates and amounts may be different than the dates and amounts shown below. The school and the Direct Loan Servicing Center will notify you of the actual disbursement dates and amounts.

Direct PLUS Loan	Gross Loan Amount	–	Loan Fee Amount	+	Interest Rebate Amount	=	Net Loan Amount
	\$4000.00	–	\$160.00	+	\$60.00	=	\$3900.00

The school plans to disburse the Net Loan Amount as follows:

Date	Net Disbursement Amount
08/28/2006	\$ 1950.00
01/04/2007	\$ 1950.00

PD103

Direct Loans

William D. Ford Federal Direct Loan Program

LOAN ADJUSTMENT MADE

04/12/2008

*****AUTO**MIXED AADC 201 000000001000000451
 YVETTE I BOYKIN
 4045 ROCKEY VALLEY DRIVE
 CONLEY GA 30288-1404

ACCOUNT#:

We recently made adjustment(s) to our records concerning your Direct Loan(s) based on information received from your school(s).

If you have any questions about the adjustment(s), please contact your school(s). If you have other questions about your loan(s), please call our toll-free telephone number on the back of this Notice.

Adjustment Information

School(s) Making Adjustment(s):
 HOWARD UNIVERSITY

Loan ID Number	Disbursement # /Sequence #	Disbursement Date	Disbursed Amount	Adjustment Date	Adjustment Amount
00001	2/002	01/09/2008	\$2,000.00	04/04/2008	\$1,920.00
Total Adjustment(s):					
					\$1,920.00-
Updated Account Balance:		\$0.00 (Does Not Include Any Consolidation Loans)			
Updated Rebate Amount:		\$60.00			

REF3AV10

Our Mission is to Ensure Equal Access to Education and to Promote Educational Excellence Throughout the Nation
 U.S. Department of Education

000000451

PB104

WACHOVIA

WACHOVIA BANK N.A.
 INTEREST REPORTING NC0467
 1525 W WT HARRIS BLVD 3B5
 CHARLOTTE NC 28262-8522

00836986L
 B0501

(800) 922-4684

E.I.N. 56-1948225

00836986L
 YVETTE I BOYKIN
 4045 ROCKY VALLEY DR
 CONLEY GA 30288

D

FOR CALENDAR YEAR

2004

TAXPAYER ID NUMBER

2004 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
SAVINGS BONDS	078409408 001	
BOX 3 INTEREST ON U.S. SAVINGS BONDS AND		
TREAS. OBLIGATIONS		4,134.52
TOTAL U.S. TREASURY NOTES		4,134.52

If your name or Social Security number is incorrect, please call the number listed above or contact your local Wachovia branch.

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THE IRS DETERMINES THAT TAXABLE INCOME HAS NOT BEEN REPORTED OR THAT AN UNDERPAYMENT OF TAX RESULTS BECAUSE YOU OVERSTATED A DEDUCTION FOR MORTGAGE INTEREST, POINTS OR STUDENT LOAN INTEREST OR BECAUSE YOU DID NOT REPORT THIS REFUND OF INTEREST ON YOUR RETURN. FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE AND INSTRUCTIONS FOR COMPLETING THIS FORM, SEE THE 2004 INSTRUCTIONS FOR FORMS 1099, 1098, 5498, AND W-2G.

1099-DIV (OMB No. 1545-0110), 1099-INT (OMB No. 1545-0112), 1099-MISC (OMB No. 1545-0115), 1099-OTD (OMB No. 1545-0117), 1099-B (OMB No. 1545-0715), 1099-C (OMB No. 1545-1424), 1099-A (OMB No. 1545-0877), 1098 (OMB No. 1545-0901), 1098-E (OMB No. 1545-1576)

P0105



US Savings Bond E/EE/I Interest Income

Interest Income to be Reported to the Internal Revenue Service (Form must be typed or printed legibly)

Customer Information (Customer Mailing Address for 1099 Statement)

Customer Name (Name of party receiving funds)

Tax ID (TIN)

Street Address

City/State/Zip Code

I certify that the TIN shown on this form is my correct taxpayer identification number for reporting to the I.R.S.

Customer Signature

Date

Associate Information

Prepared By

Teller Number

Telephone Number

Bank Number/Cost Center

Banking Center Name/Number

Transaction Information (Complete all applicable fields)

Type of Bonds (Check applicable type)

Number of Bonds

☐ Series E ☒ Series EE ☐ Series I

Purchase Price (A) \$ 200.00

Interest Amount paid (B) (Amount reported to the IRS as Interest Income) \$ 98.56

Total Amount Paid (C) (A + B = C) \$ 298.56

Deposit to Account Number

Total Deposit Amount

Cash Ticket Number

Cashier's Check Number

TEFRA Use Only

Entered By

Date

Delete

Date

Verified By

Date

Re-entered

Date

00-14-294NSB 03-2002

White - Tax Reporting Unit

Canary - Customer

Pink - File

P0106

BANK OF AMERICA, N.A.
TAX REPORTING TX1-945-03-06
PO BOX 830040
DALLAS TX 75283-0040

Bank of America



BANK# 0172

00271978 SO 0558

*****AUTO** 3-DIGIT 302

YVETTE BOYKIN
4045 ROCKEY VALLEY DR
CONLEY, GA 30288-1404

COMBINED TAX STATEMENT FOR YEAR 2005

THIS STATEMENT REPORTS 1099-DIV (OMB No. 1545-0110), 1099-INT (OMB No. 1545-0112), 1099-OID (OMB No. 1545-0117), 1098 (OMB No. 1545-0901), 5498 (OMB No. 1545-0747), 5498-ESA (OMB No. 1545-1815), 1099-MISC (OMB No. 1545-0115), 1099-B (OMB No. 1545-0715), 1099-Q (OMB No. 1545-1760), 1099-A (OMB No. 1545-0877), 1099-C (OMB No. 1545-1424), 1099-S (OMB No. 1545-0987), 1099-E (OMB No. 1545-1576).
DEPARTMENT OF THE TREASURY-INTERNAL REVENUE SERVICE.

PAYERS E. T. N.

CUST SERV PH #
1-877-520-1099

TAXPAYERS IDENTIFICATION NUMBER

"For Form 1099-B, DIV, INT, MISC and OID: This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported."

ACCOUNT NUMBER	ACCOUNT TYPE	IRS DESCRIPTION	IRS BOX #	AMOUNT
* * * 2005 FORM 1099-INT, INTEREST INCOME * * *				
011006103105-001	TELLER SAV BDS	INTEREST ON	3	280.32
	U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS			
YVETTE BOYKIN				
011115011405-001	TELLER SAV BDS	INTEREST ON	3	401.20
	U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS			
YVETTE BOYKIN				

PLEASE NOTE: INQUIRIES REGARDING THESE ACCOUNTS SHOULD BE DIRECTED TO OUR CUSTOMER SERVICE PHONE NUMBER ABOVE. PLEASE CHECK YOUR TAXPAYER IDENTIFICATION NUMBER AND CALL THE NUMBER LISTED ABOVE IF IT IS INCORRECT.

TDD HEARING IMPAIRED PLEASE CALL 1-800-288-4408

*FORM 1099 OID: THIS MAY NOT BE THE CORRECT FIGURE TO REPORT ON YOUR INCOME TAX RETURN. SEE INSTRUCTIONS ON BACK.

ACCOUNT SUMMARY

TOTAL EARNINGS INT.
ORD. DIV AND OID'S

681.52

PO107

WACHOVIA BANK N.A.
INTEREST REPORTING NC0467
1525 W WT HARRIS BLVD 3B5
CHARLOTTE NC 28262-8522

01134304L
B0501

(800) 922-4684

E.I.N. 56-1948225

01134304L
YVETTE BOYKIN
4045 ROCKEY VALLEY DR
CONLEY GA 30288

D

FOR CALENDAR YEAR

2005

TAXPAYER ID NUMBER

2005 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
INT CHECKING		
BOX 1	INTEREST INCOME	9.74
SAVINGS	3000280974801	
BOX 1	INTEREST INCOME	4.68
TOTAL INTEREST		14.42

2005 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
SAVINGS BONDS	078409408 001	
BOX 3 INTEREST ON U.S. SAVINGS BONDS AND TREAS. OBLIGATIONS		203.76
TOTAL U.S. TREASURY NOTES		203.76

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WACHOVIA

WACHOVIA BANK N.A.
 INTEREST REPORTING NC0467
 1525 W WT HARRIS BLVD 3B5
 CHARLOTTE NC 28262-8522

(800) 922-4684

01242703L
 YVETTE BOYKIN
 4045 ROCKEY VALLEY DR
 CONLEY GA 30288

01242703L
 B0501

E.I.N. 56-1948225

FOR CALENDAR YEAR

2006

TAXPAYER ID NUMBER

2006 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

INT CHECKING

BOX 1

INTEREST INCOME

4.33

SAVINGS

BOX 1

3000280974801

INTEREST INCOME

9.35

TOTAL INTEREST

13.68

2006 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

SAVINGS BONDS

078409408 001

BOX 3 INTEREST ON U.S. SAVINGS BONDS AND

TREAS. OBLIGATIONS

492.32

SAVINGS BONDS

078409408 002

BOX 3 INTEREST ON U.S. SAVINGS BONDS AND

TREAS. OBLIGATIONS

423.20

TOTAL U.S. TREASURY NOTES

915.52

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1525 W WT HARRIS BLVD 3B5
CHARLOTTE NC 28262-8522

[illegible]

E.I.N. 56-1948225

FOR CALENDAR YEAR

2007

TAXPAYER ID NUMBER

ACCOUNT NUMBER

INT CHECKING

BOX 1
SAVINGS
BOX 1

INTEREST INCOME
3000280974801
INTEREST INCOME

TOTAL TAX EXEMPT INTEREST

2007 - 1099-INT, INTEREST INCOME

ACCOUNT NUMBER

SAVINGS BONDS 3108 B31080308079408
BOX 3 INTEREST ON U.S. SAVINGS BONDS AND
TREAS. OBLIGATIONS
SAVINGS BONDS 3108 B31080702079408
BOX 3 INTEREST ON U.S. SAVINGS BONDS AND
TREAS. OBLIGATIONS
SAVINGS BONDS 3108 B31080713079408
BOX 3 INTEREST ON U.S. SAVINGS BONDS AND
TREAS. OBLIGATIONS

TOTAL U.S. TREASURY NOTES
TOTAL TAX EXEMPT INTEREST

6.34

15.31

21.65

00

114.80

113.40

117:40

345.60

2.00

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1099-DIV (OMB No.1545-0110),1099-INT (OMB No.1545-0112),1099-MISC (OMB No.1545-0115), 1099-OID (OMB No.1545-0117),
1099-B (OMB No.1545-0715),1099-C (OMB No.1545-1424),1099-A (OMB No.1545-0877),1098 (OMB No. 1545-0901),1098-E (OMB No. 1545-1576)

D:\00WA 101/

Print Exit

December 3, 2001

FINAL INVESTIGATIVE REPORT

CASE NAME: Boykin, Yvette I v. KeyBank National Association

CASE NUMBER: 02-01-0646-8

I. JURISDICTION

A complaint was filed with HUD on September 27, 2001 alleging that the complainant(s) was injured by a discriminatory act. It is alleged that the respondent(s) was responsible for: discriminatory financing (includes real estate transactions). It is alleged that the respondent(s)'s acts were based on race and sex. The most recent act is alleged to have occurred on August 1, 2001. The violation occurred at , NY. If proven, the allegation(s) would constitute a violation of Section 805 of Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988.

The respondent(s) receive no federal funding.

II. PARTIES AND AGGRIEVED PERSONS

A. Complainant(s)

Yvette I. Boykin
4045 Rockey Valley Drive
Conley, GA 30288

Complainant Allegations

B. Other Aggrieved Persons

None.

C. Respondent(s)

KeyBank National Association
390 Main Street
Buffalo, NY 14202

Respondent Defenses

D. Witnesses

None.

EXHIBIT NO. 4

III. CASE SUMMARY

A. Interviews

RESPONDENT

Date of Interview: November 9, 2001

Type of Interview: In-Person

Interviewer: Messinger, I. Bruce

A Respondent only conference was held in the Division's office. Present on behalf of Respondent were Kerwin Kelley, Relationship Manager; and Laurence Oppenheimer, Attorney.

Mr. Kelley stated Complainant applied for a loan at Respondent's Main Place Mall store sometime around August 1, 2001. He was the representative who assisted Complainant. Asked what steps there are in applying for a loan Mr. Kelley replied, the customer is interviewed to find out what their needs are in order to determine what product (loan) best suits their needs. If the customer agrees to the type of loan then an application is completed electronically. For the type of loan Complainant applied for the customer can be given a preliminary answer within a day or two. Complainant applied for a home equity loan. Answering additional questions relating to the application process Mr. Kelley related he does not know what steps are followed in other states. He did state that it would make a difference where Complainant, or any other customer, lived in making an application for a loan. That is if the person lived in the home or did not. There are also different products (loans) one for owner occupied and the other for non-owner occupied. He explained the difference is in the interest rate. Mr. Kelley stated when Complainant applied for the loan she did say that she lives in Georgia. Complainant applied for a non-owner occupied loan and was quoted an interest rate.

Mr. Kelley stated at the time Complainant made out the application he told her the loan was conditionally approved, her loan application was for approximately \$ 17,000 or \$ 19,000. Asked who makes the final decision in granting or denying a loan, Mr. Kelley stated it would be an Underwriter. He noted that the Underwriters are located in Ohio. The approval normally can take from a day or two to about one month depending on how much information is needed and how quickly it is provided. In Complainant's case he found out her loan had not been approved within an hour or two and he called to tell her. Mr. Oppenheimer noted that Complainant requested a rush answer as she was leaving Buffalo within a few days to return home.

Questioned as to the reason for disapproving the loan Mr. Kelley related he was told by the Underwriter Complainant's loan was denied because she did not live in New York. Replying to specific questions Mr. Kelley he has not had any other applications rejected for the same or similar reasons recently. He explained High Loan to Value means the bank will loan up to 85 % of the value of a home in a standard loan, High Loan to Value is anything above 85 %. He believes Complainant's application was High Loan to Value. Asked what other criteria is looked at by Respondent, Mr. Kelley stated he does not know, this is up to the Underwriter he just does the intake.

Mr. Kelley stated the decision of approving or denying a loan is made by the Underwriter. He deals with all Underwriters and each is different. Questioned as to Respondent's knowledge of the Buffalo, N.Y. market and demographics, Mr. Kelley replied other than himself he does not know if the Underwriters are aware of the Buffalo, N.Y. market. Asked what statistical tools Respondent uses, Mr. Kelley replied he does not know. According to Mr. Kelley at the time Complainant made her loan application he received one or two inquiries. He does not know how many of these inquiries turned into a home equity loan. Answering additional questions Mr. Kelley stated the Bank policy is not to make home equity loans for property in New York State where the person resides in another State.

There are exceptions made based on having a business relationship with the Bank. He does not believe Complainant had a business relationship with the Bank nor did she qualify for any other exception. Mr. Kelley stated to his knowledge there have been applicants denied loans for not meeting the criteria set by Respondent regardless of their sex, race or color.

Asked to define terms used Mr. Kelley replied Conditional means verification of credit, income, value of property need to be ok'd. Due Diligence means a person actually looks at things and checks out the information in more detail. Mr. Kelley stated when Complainant's loan was denied he believes he offered her other types of loans. Asked what other loans were offered, Mr. Kelley replied he doesn't recall what products he mentioned to her.

Mr. Kelley denied Respondent discriminated against Complainant. He noted that home equity loans do not require demographic information such as sex, race or color as do mortgage applications.

B. Documents

None.

C. Interrogatories

None.

P0113

12/03/2001 12:05 PM



KEYBANK NATIONAL ASSOCIATION
390 MAIN STREET
BUFFALO, NY 14202
716-847-1382

August 1, 2001



YVETTE BOYKIN
4045 ROCKEY VALLEY DR
CONLEY, GA 30288-1404

GOOD FAITH ESTIMATE

The information provided below reflects estimates of the charges which you are likely to incur at the settlement of your loan. The fees listed are estimates - the actual charges may be more or less. Your transaction may not involve a fee for every item listed.

The numbers listed beside the estimates generally correspond to the numbered lines contained in the HUD-1 or HUD-1A settlement statement that you will be receiving at settlement. The HUD-1 or HUD-1A settlement statement will show you the actual cost for items paid at settlement.

Numbers from HUD-1 or HUD-1A:	Description of Charges	Estimated Charge POC*
1201	RECORDING FEE	\$20.00 - 500.00
1103	TITLE EXAMINATION	\$50.00 - 185.00
809	FLOOD HZD - LIFE OF LOAN TRACK	\$12.00
803	APPRAISAL FEE	\$85.00 - 400.00
804	CREDIT REPORT	\$ 5.00 Per Person
801	ORIGINATION FEE	\$99.00

*If POC is Indicated, this charge will be paid outside of closing.

THIS SECTION TO BE COMPLETED BY THE LENDER ONLY IF A PARTICULAR PROVIDER OF SERVICE IS REQUIRED

Listed below are providers of service, which we require you use. The charges or range indicated in the Good Faith Estimate above are based upon the corresponding charge of the below designated providers.

Designated Charge Item No. 809 Phone No. 1-800-447-1772
Service Provided Initial Flood Search - Life of Loan Tracking
Provider's Name FIRST AMERICAN FLOOD DATA SERVICES
Address 11902 BURNET RD. AUSTIN, TX 78758

We do have a business relationship with the above named provider;

Nature of Relationship:

National Insurance Group is contracted to provide a majority of KeyBanks' flood determinations and Life of Loan Tracking.

If checked, Lender will require a particular provider(s) from a list which is controlled or approved by Lender for item Number(s): X 803, X 1103, 1108, unless prohibited by law. The actual cost and specific providers will be shown in the Settlement Statement given at closing.

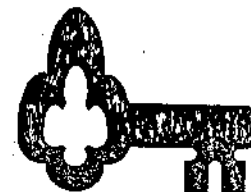
These estimates are provided pursuant to the Real Estate Settlement Procedures Act of 1974, as amended (RESPA). Additional information can be found in the HUD Special Information Booklet, which is to be provided to you by your mortgage broker or lender, if your application is to purchase residential real property and the lender will take a first lien on the property.

EXHIBIT NO. 5

90 - 012131037170C

good

PO11.4



Rebecca S. Ruppert
Ph: 216-689-3937
Fax: 216-689-5681

KeyBank
127 Public Square
Cleveland, OH 44114-1306

October 2, 2001 **RECEIVED**

OCT - 3 2001

VIA AIRBORNE EXPRESS

William P. Marks, Regional Director
State of New York
Executive Department, Division of Human Rights
Walter J. Mahoney State Office Building
65 Court Street, Suite 506
Buffalo, NY 14202

Buffalo Regional Office

Re: **Yvette I. Boykin v. KeyBank National Association**
Charge No. 7-H-RS-05-7904331-H

Dear Mr. Marks:

This writing and the accompanying exhibits shall serve as KeyBank National Association's (herein "Key") position statement to the Charge initiated by Yvette L. Boykin. Thank you for extending to us the courtesy of additional time in which to investigate and to respond to Ms. Boykin's claims.

I have attempted to provide you with a full and candid disclosure of the relevant events in this matter. Please be advised, however, that the facts set forth are a summary and are based on an investigation of the facts at the time of this letter. By submitting this summary to you, Key in no way waives its right to present additional facts or arguments. Further, this summary, while believed to be true and correct, does not constitute an affidavit and is not intended to be used as evidence in any Commission or other administrative proceeding or court proceeding of any kind, but is intended solely for the purpose of your agency's inquiry. Key deems the information and documents disclosed to be trade secrets, confidential commercial or financial information, and information involving the personal privacy of the individuals discussed. Therefore, Key requests that you not release such information to third parties, including Ms. Boykin, except as is specifically authorized by law. See 5 U.S.C. Section 552; 29 C.F.R. Part 1610; 18 U.S.C. Section 1905.

Summary of Charge

Ms. Boykin alleges that Key discriminated against her by denying her request for a Home Equity Loan based on her race, sex, and the fact that the property she was requesting a Home Equity Loan for is located in a minority concentrated area. These allegations are false.

Additionally, Ms. Boykin claims that she was originally told that her loan application had been approved based on her credit report and that it would be submitted for further processing, but then later that same day she was informed that her loan request had been denied because she did not live in the state of New York.

Key is confident that a thorough review by the Commission of the information and documents presented will lead to the inescapable conclusion that Key did not discriminate against Ms. Boykin. Key also is confident the Commission will find no probable cause to believe that Key discriminated against Ms. Boykin in violation of the statute.

Key's Response to the Charge

On August 1, 2001, Ms. Boykin met with Kerwin Kelley, a Relationship Manager in the Retail Sales Area of the Main Place Mall KeyCenter in Buffalo, New York, for the purpose of applying for a High LTV* (loan to value) Equity Loan. The loan was to be used for certain rental property located in the state of New York. Ms. Boykin indicated that her primary residence was in Conley, Georgia.

Mr. Kelley took Ms. Boykin's application and submitted it to Key's Consumer Loan Center for processing during the August 1, 2001 meeting. During the application process on that date, Mr. Kelley advised Ms. Boykin that she was conditionally approved for the loan but that some due diligence still had to be completed on the loan application. At that time, Ms. Boykin advised Mr. Kelley that she would only be in town until the following Monday, August 6, 2001, and that she would like a decision on the loan prior to her leaving town. Subsequently, when Mr. Kerwin submitted the loan application for processing he requested a decision be made on the application by Monday, August 6, 2001. At no time during their conversation at the KeyCenter did Mr. Kerwin advise Ms. Boykin that her loan had been approved.

Later that same day, and after Ms. Boykin had left the KeyCenter, Mr. Kelley was informed by the Direct Lending Center that Ms. Boykin's loan request had been declined based upon KeyBank's Policy Guidelines (Exhibit A). The Guidelines state, among other things, that High LTV loans will not normally be made on rental properties where the borrower's primary residence is not located in the same state as the subject rental property. Additionally, the Guidelines provide that there may be exceptions to the general policy if certain other circumstances warrant approval, such as loans to: long time customers who continue to maintain a significant deposit relationship with KeyBank; customers on work assignments out the country; customers on temporary out of area transfers with a local employer; residents of other states who plan to relocate to our area; and cosigners who wish to sign for a local applicant. None of these circumstances applied to Ms. Boykin. As a result, the loan application was denied.

Upon receiving notice of the denial, Mr. Kelley contacted Ms. Boykin and advised her that the loan application had been turned down because the request did not meet the guidelines for a High LTV Equity Loan per the Guidelines established by KeyBank. Mr. Kelley apologized to Ms. Boykin for originally indicating that the loan application was conditionally approved, and further explained that when taking Ms. Boykin's application, he had not been aware of the bank's policy against making loans for rental properties located in a state other than that where

October 2, 2001

Page 3

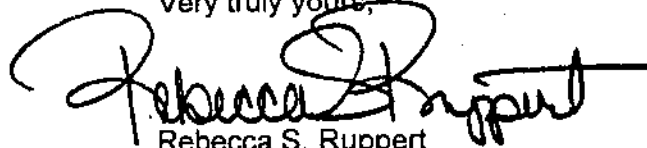
the borrower maintained his/her primary residence. Mr. Kelley did, however, offer Ms. Boykin other possible alternatives that she could pursue to obtain the desired financing through KeyBank. Ms. Boykin, nevertheless, declined to investigate such opportunities at that time. That concluded KeyBank's involvement with Ms. Boykin.

Conclusion

In sum, Ms. Boykin's claims of racial and gender discrimination are completely without merit. KeyBank's denial of Ms. Boykin's loan application rested solely and exclusively upon KeyBank's lending Policy Guidelines.

I hope that the foregoing information has helped clarify the circumstances surrounding Ms. Boykin's Charge. I am confident that a review of the above information and the accompanying Exhibits will convince the Commission that Key did not discriminate against Ms. Boykin. It is my hope that this matter will be resolved without the necessity of any further action. Should you need anything further, please do not hesitate to contact me at (216) 689-3937.

Very truly yours,



Rebecca S. Ruppert
Senior Vice President and
Senior Managing Counsel

Enclosures

Cc: Sandra Villa
Kerwin Kelley

CONFIDENTIAL

MANUAL: POLICY AND PROCEDURE

PAGE 3

SECTION: REAL ESTATE EQUITY

EFFECTIVE: 11/29/99

HIGH LTV EQUITY LOANS

A high LTV equity loan is an installment loan which includes a lien on the borrower's principal dwelling up to 100% LTV.

This product is intended for customers interested in the tax advantages of using the equity in their principal dwellings above the maximum LTVs established for conventional equity loans.

Minimum / Maximum

Minimum loan is \$5,000. (Unless otherwise specified by state law.)

Maximum loan is \$30,000.

Credit Requirements

The high LTV product must be underwritten as unsecured credit. A lien on real estate is taken as an accommodation to the customer, and is not considered a factor in the credit decision. These loans, however, are subject to supervisory LTV limit reporting requirements under FDICIA. In addition to the general credit policies outlined in this section, the following will apply.

-The maximum loan should not exceed the lesser of 100% LTV, 25% of gross income, or \$30,000..

If an applicant already has an equity loan, or applies for both a conventional equity loan and a high LTV loan simultaneously, the high LTV approval must be an independent decision, based on the higher credit scores and other criteria applicable to unsecured lending.

Because a lien on real estate is not a factor in the credit decision, market value may be established by using the customer's stated value. (Limited to loans up to \$50,000 on PB&I.)

Market value may also be based on a tax value, an evaluation, or a professional appraisal regardless of age, completed by any realtor or professional appraiser, whether on a current approved list of appraisers or not.

EXHIBIT NO. 7

R-1
PD 118

CONFIDENTIAL

MANUAL: POLICY AND PROCEDURE

PAGE: 13

OUT OF AREA LOANS

While legally collectible, loans to out of area residents obviously present additional collection problems. The benefits of continuing to make loans to a customer who has moved out of our area are usually outweighed by the added risk. Consequently, loans should normally not be made to out of area applicants.

There will be exceptions to this policy as dictated by good judgment. Examples would include:

- Long time customers who continue to maintain a significant deposit relationship with the Bank.
- Customers on work assignments out of the country.
- Customers on temporary out of area transfers with a local employer.
- Residents of other states who plan to relocate to our area.
- Cosigners who wish to sign for a local applicant.

Residents of areas approved under indirect, telesales, and bankcard programs.

PD119

CONFIDENTIAL

Key Bank, N.A.
 Applications for Non-Owner Occupied
 Home Improvement Loan
January 1, 2001 - October 1, 2001

Race	Total Applications	Loans Originated	Loans Denied	Withdrawn/Incomplete
Native American	1	0	1	0
Asian/Pacific Islander	0	0	0	0
Black	1	0	1	0
Hispanic	0	0	0	0
Other	0	0	0	0
Total Minority	2	0	2	0
White	6	0	5	1
No Information	11	3	8	0

Census Tract*	Total Applications	Loans Originated	Loans Denied	Withdrawn/Incomplete
Substantially Minority	4	1	3	0
Not Substantially Minority	15	2	12	1

* Based on federal guidelines

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